

Saint Agnes Medical Center  
**Community Benefits  
Annual Report**

for fiscal year ending  
June 30, 2017





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## Mission Statement

We, Trinity Health and Saint Agnes Medical Center, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

### Core Values

#### *Reverence*

We honor the sacredness and dignity of every person.

#### *Commitment to those who are poor*

We stand with and serve those who are poor, especially those most vulnerable.

#### *Justice*

We foster right relationships to promote the common good, including sustainability of Earth.

#### *Stewardship*

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

#### *Integrity*

We are faithful to who we say we are.

#### *Compassion*

We give love, care and comfort to heal the body, mind and spirit, even when there is no cure.

#### *Excellence*

We promise not to settle for good enough, personally or professionally, and we hold one another accountable for keeping our promise

## Vision

Saint Agnes Medical Center will be THE trusted health partner in Central California through its unrelenting pursuit of excellence.

### Guiding Behaviors

We support each other in serving our patients and communities.

We communicate openly, honestly, respectfully, and directly.

We are fully present.

We are all accountable.

We trust and assume goodness in intentions.

We are continuous learners.



## **Executive Summary**

Saint Agnes Medical Center (SAMC) is a Catholic healthcare ministry, not-for-profit hospital with 436 acute care beds, located in the city of Fresno, California. SAMC is privileged to serve the community members of Fresno, Madera, Kings, and Tulare counties since 1929. May of 2013 brought the synergistic merger of Catholic Health Care East and Trinity Health. As a result, SAMC became a proud member of one of the Nation's largest Catholic Health systems. Trinity Health employs more than 95,000 people in 21 states and returns about \$1 billion to its communities annually in the form of charity care and other community benefit programs. Over time, SAMC has expanded in order to keep pace with the demand of our service area community members. Recent developments include the opening of both the Northwest and Avecenia Wellness Centers. Both access points provide medical services in the cities of Fresno and Clovis. SAMC has a staff of more than 2,500 and 850 volunteers who work diligently to serve the needs of our 1,100,113 service area patrons.

Programs and services of SAMC include: One licensed acute care facility with women and infant services, emergency care, Cancer Services, Endoscopy, Heart & Vascular, Home Health Care, Hospice, Imaging Services, Laboratory Services, Neuroscience, Occupational Health Center, Orthopedics, Surgery, Palliative Care, Pulmonary Rehabilitation, Woman's Services, Hyperbaric Machine, Amputation Prevention, Breast Center, Child Development Center, Medical Library, Outpatient Surgery, Cardiac Rehabilitation, and Satellite Labs. Additionally, SAMC operates six offsite-programs which include: Saint Agnes Health and Hospice, Saint Agnes Cancer Center, Saint Agnes Wound and Ostomy, California Eye Institute at Saint Agnes, Holy Cross Center for Women, and the Holy Cross Clinics.

In response to identified unmet health-related needs in the Community Health Needs Assessment (CHNA) published in 2013, during FY 16, SAMC focused on supporting and increasing access to care initiatives, as well as growing an evidence-based program focused on Chronic Disease Self-Management. The target population continues to be the broader and underserved members of SAMC's service area population. Strategic Community Benefit activities are focused on developing and refining programs that are in line with the mission and values of SAMC, as well as the CHNA. The launch of the Saint Agnes Health Hub is expected in the new fiscal year. With a focus on addressing the non-clinical social determinants of health for service area community members at risk, SAMC's dedication to this project will prove to be very impactful.

SAMC's Emergency Department maintains emergency care services on a 24 hour, seven days per week basis. Emergency care is provided to an average of 245 patients per day and ambulance calls average 70 per day.

Valley Children's Healthcare operates a satellite NICU unit at SAMC's main facility. This program provides eight community level III and six level II NICU beds.



Spiritual Care Services are available 24 hours, seven days a week for patients, families and staff. SAMC's ministry of healing also actively reaches out to civic, religious, and social entities throughout the service area in an effort to reach as many in need as possible.

SAMC's Community Health Education programs include education and support groups for the communities within our service area. These programs play an essential role in the education and management of conditions and disease states that are prevalent in the service area of SAMC.

*Educational programs include:* Gestational Diabetes Management / Adult Sickle Cell Management / Lactation Education.

*Support Group offerings include:* Brain Tumor Support Group / Better Breather's Club Ostomy Support Group / Grief Support Group.

Holy Cross Medical Clinic at Poverello House offers free preventative medical and dental services to all who walk through the door. There are no questions asked and no fees for participants. This program is located in the heart of Fresno California's downtown area and serves the underserved, uninsured, and homeless population of SAMC's service area. A total of 3,644 medical and dental visits occurred in fiscal year 2016. This is a program that is an essential part of Fresno County's safety net that provides care to those in need.

Holy Cross Center for Women (HCCW) serves as a safe day respite for homeless and underserved women and their children. Also located in downtown Fresno California, this center has been meeting the needs of community members for over 30 years. This program provides daytime shelter, counseling and referral services, education and skills training, clothing, laundry services, shower facilities, and social activities. In fiscal year 2016, HCCW provided services to 45,730 at-risk women and children. This center and all of its programs are fully funded and facilitated by SAMC.

Community Benefit and Implementation plans for Fiscal Year 2016 (FY16) accurately document SAMC's commitment to the health and improved quality of life in our service area. Total community benefit dollars reported for FY16 are \$10,364,535 which equates to 2.1% of operating revenue. Persons served in SAMC's service area total 135,823.



## **Organizational Commitment**

Saint Agnes Medical Center provides a continuum of services that range from preventive to acute care, rehabilitation, and health maintenance. SAMC actively engages in promoting a holistic approach to healthful behavior, lifestyle, and well-being in mind, body, and spirit. SAMC prides itself on community involvement, community capacity building through collaborative efforts, relevant advocacy efforts, as well as offering programs and services that benefit the residents of its service area.

SAMC's Administration, Board of Trustees, and Community Benefit Committee are committed to the strategic process of identifying, planning, implementing, and evaluating Community Benefit programs. An understanding that change is constant provides a platform of creativity and efficiency for Community Benefit endeavors to grow and evolve. An accurate reading of the virtual pulse of community benefit is necessary and expected by SAMC's internal and external stakeholders.

SAMC's Board of Trustees and Community Benefit Committee review and approve Community Benefit reports, strategic plans, and Mission Services Fund grant allocations. Community health programs are targeted to directly address prioritized community needs as outlined in SAMC's Community Health Needs Assessment report. Great care is given to ensure that all initiatives are in accordance with the policies and procedures of Trinity Health and Saint Agnes Medical Center.

## **Mission and Community Benefit Committee Responsibilities:**

- Support and implement Saint Agnes Medical Center's mission and core values related to health services
- Serve as a resource for SAMC by highlighting information relative to the unmet needs of the medically underserved communities within our service area
- Offer recommendations and insight regarding the health service needs of Fresno, Madera, Kings and Tulare counties
- Serve as a link between SAMC's Board of Directors and the Community Health Benefit planning process
- Provide leadership for community benefit planning
- Oversee the process and selection of the Community Partner Grant Program



## Community

The service area for Saint Agnes Medical Center includes the counties of Fresno, Madera, Kings and Tulare located in the state of California. Near the center of the San Joaquin Valley, SAMC serves a diverse population defined by several factors that are specific to the region.

City and county municipalities continue to be a major source of employment for the community members of SAMC's service area. Additional key economy drivers include agriculture, food processing, manufacturing, retailing, and tourism.

The number of community members living below the poverty level in Fresno, Kings, Madera and Tulare Counties are some of the highest in all of California. Poverty is a chronic and unfortunate reality that adversely affects most aspects associated with healthy living. The average percentage of community members living in poverty in SAMC's service area is 23.9% as compared to 15.94% for California. Service area annual median household income levels average \$45,223 which is lower than the California median income level of \$53,482. (U.S. Census Bureau, (2014). *CA, Fresno, Madera, Kings and Tulare Counties Quickfacts*; Fresno County, Madera County, Kings County, Tulare County, CA. Retrieved on September 20, 2016 from <http://quickfacts.census.gov>)

Community members who are 25 years and older that have a college bachelor's degree or greater averages 14.85% compared to 30.7% for the State of California. (U.S. Census Bureau, (2009-2013). *CA, Fresno, Madera, Kings and Tulare Counties Quickfacts*; Fresno County, Madera County, Kings County, Tulare County, CA. Retrieved September 20, 2016 from <http://quickfacts.census.gov>)

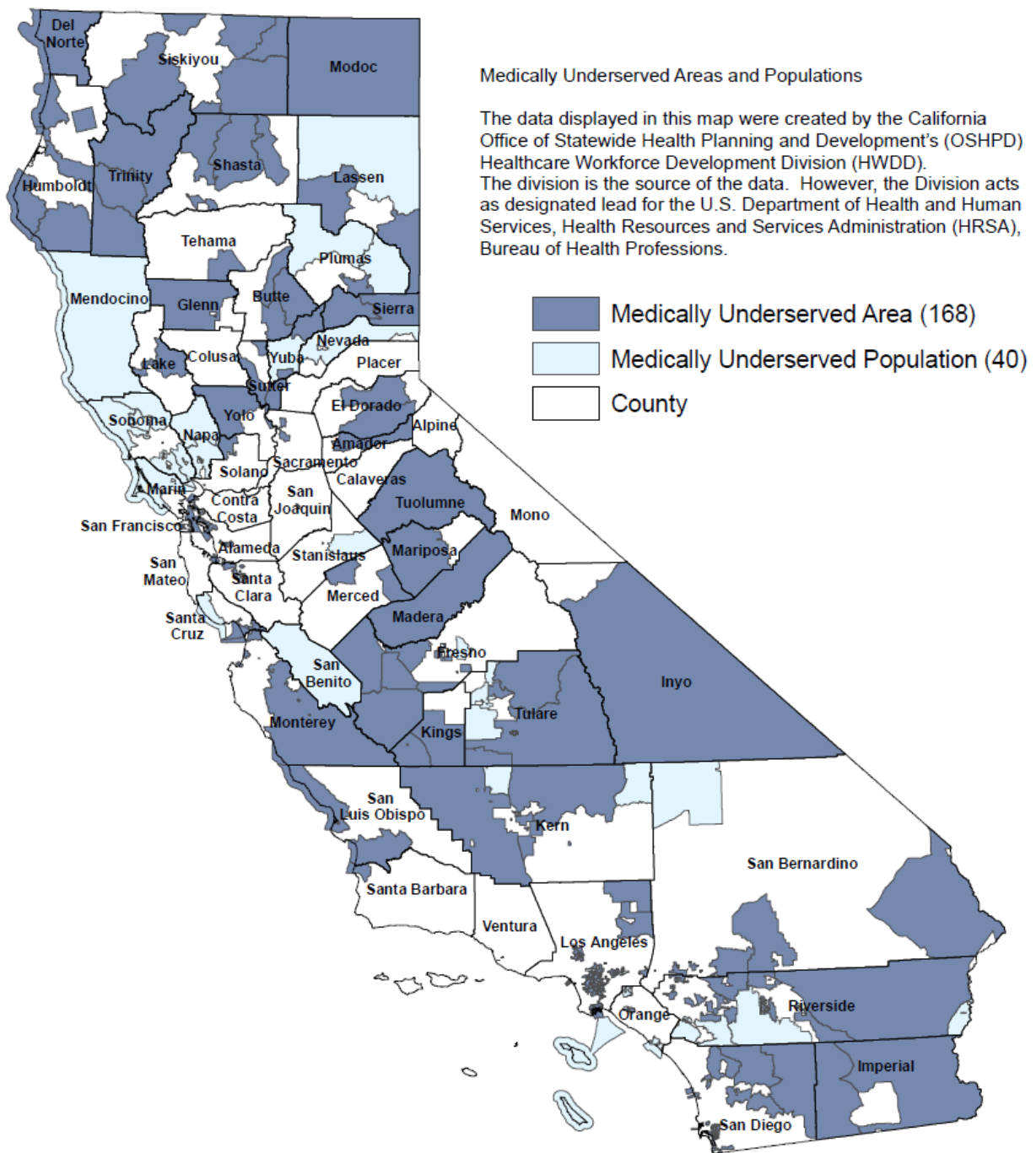
Historically, the service area counties of SAMC maintain higher rates of unemployment as compared to the State of California (5.5%). FY16 unemployment rates for each county are: Fresno- 8.7% Madera- 8.3% Kings- 8.9% Tulare- 10.7%

(Historical Data for Unemployment Rate and Labor Force (Not Seasonally Adjusted), (July 2013-July 2014). CA, Fresno, Madera, Kings and Tulare Counties; Retrieved on September 20, 2016 from <http://www.labormarketinfo.edd.ca.gov>)

On average, SAMC's service area counties experience an unemployment rate that is 3.65% higher than the state of California.

All four counties within SAMC's service area are designated, at some level, as Medically Underserved Areas (MUA's). MUA designations are based on an index of four variables; 1) Ratio of primary care physicians per 1,000 population 2) Infant mortality rates 3) Percent of the population with incomes below the poverty level 4) Percent of the population age 65 and over. Respectively, the designated areas are referenced in the map on the following page.





(Office of Statewide Health Planning and Development, (2010, October), *Medically Underserved Areas and Populations*, Retrieved June 30, 2015 from <http://gis.oshpd.ca.gov/atlas/topics/shortage/mua>)



**The insurance coverage mix for Fresno County is as follows:**

Privately insured residents represent 41.7% of the population

Publicly insured residents represent 49.3% of the population

Uninsured residents represent 8.9% of the population

California Healthcare Foundation, 2016; California Regional Markets: Fresno, California Health Care Almanac Quick Reference Guide. Retrieved from <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20A/PDF%20AlmanacRegMktQRGFresno16.pdf>

Population				
County	Fresno	Madera	Kings	Tulare
Population	974,861	154,998	150,965	459,863
Ethnicity				
County	Fresno	Madera	Kings	Tulare
Hispanic/Latino	52.40%	56.70%	53.60%	63.60%
White alone	30.40%	35.10%	33.20%	29.60%
African American	5.90%	4.30%	7.20%	2.20%
American Indian and Alaska Native	3.00%	4.50%	1.70%	2.80%
Asian Alone	10.70%	2.60%	4.50%	4.00%
Native Hawaiian and other Pacific Islander	0.30%	0.30%	0.30%	0.20%
Median Household Income				
County	Fresno	Madera	Kings	Tulare
	\$45,201	\$45,490	\$47,341	\$42,863
Unemployment Rate				
County	Fresno	Madera	Kings	Tulare
	8.70%	8.30%	8.90%	10.70%
No High School Diploma				
County	Fresno	Madera	Kings	Tulare
	26.80%	30.50%	29.10%	32.00%

(U.S. Census Bureau, (2015)). CA, Fresno, Madera, Kings and Tulare Counties Quickfacts; Fresno County, Madera County, Kings County, Tulare County, CA. Retrieved on September 20, 2016 from <http://quickfacts.census.gov>

(Enroll America; Changing Uninsured Rates by County From 2013 to 2015). CA, Fresno, Madera, Kings and Tulare Counties;. Retrieved on September 20, 2016 from <https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/>

(Historical Data for Unemployment Rate and Labor Force (Not Seasonally Adjusted), (July 2013-July 2014). CA, Fresno, Madera, Kings and Tulare Counties; Retrieved on September 20, 2016 from <http://www.labormarketinfo.edd.ca.gov>



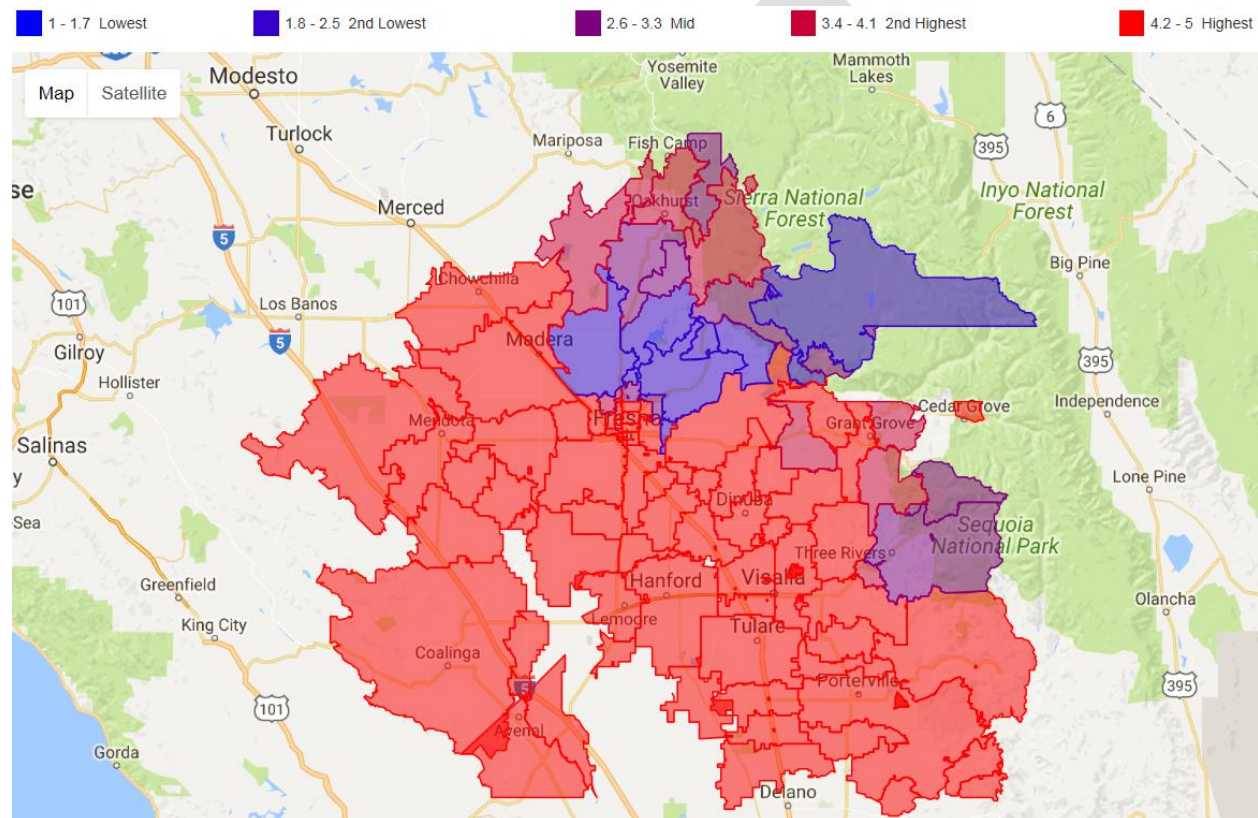
## Community Need Index (CNI)

CNI ratings are used to help identify the levels of health disparity within specific zip codes. The CNI takes into account underlying economic and structural barriers, as well as, public health data. Using a rating scale of 1-5, the CNI associates the lowest level of health disparity at 1 and the highest at 5.

The Mean (zip code) CNI score for SAMC's service area is 4.3 with the median score being 4.6.

(Dignity Health. CA, Fresno, Madera, Kings and Tulare Counties, *Community Need Index*; Fresno County, Madera County, Kings County and Tulare County; Retrieved September 20, 2016 from <http://cni.chw-interactive.org/>)

The following map demonstrates disparity levels in a visual manner:



(Dignity Health. CA, Fresno, Madera, Kings and Tulare Counties, *Community Need Index*; Fresno County, Madera County, Kings County and Tulare County; Retrieved on September 20, 2016 from <http://cni.chw-interactive.org/>)

## Community Benefit Planning Process

- *Community Health Needs Assessment (CHNA)*

Saint Agnes Medical Center's Community Health Needs Assessment was completed in a collaborative fashion with 15 service area (Fresno, Kings, Madera, and Tulare Counties) hospitals. The process was facilitated by the Hospital Council of Northern and Central California and was published in 2016.



The CHNA is a report that highlights the health status of Saint Agnes Medical Center's service area. A comprehensive review of local area health indicators and social determinants of health provide an in depth understanding of unique obstacles and opportunities. Alignment with the Nation's Healthy People 2020 initiative is a priority and systematic design and facilitation was based on this core understanding.

The CHNA process continues to evolve and be further refined across the nation. For the purposes of the CHNA, 15 potential health needs were considered based on the most common health needs that emerged during the previous CHNA cycle. They are:

- Access to Care
- Breathing Problems (Asthma)
- Cancers
- Climate and Health
- Cardiovascular Disease/Stroke (Heart Disease)
- Diabetes
- Economic Security
- HIV/AIDS/STDS Oral Health
- Maternal, Infant and Child Health
- Mental Health
- Obesity
- Oral Health
- Overall Health
- Substance Abuse
- Violence/Injury Prevention

Based on the input provided in 15 focus groups, 36 stakeholder interviews and the results of a CHNA Survey completed by 996 residents and healthcare workers throughout the four county region, 11 health needs emerged as a priority with the input of the community (*Figure 1*). Seven of the identified health needs are common throughout all four counties. Each of the health needs was identified by reviewing both community input and secondary data on health metrics to affirm these needs perform below state averages. The health needs were also reviewed to consider the extent to which health inequities may exist such that one or more segments of the population are more greatly impacted. Given the high rates of poverty, low education levels and lack of insurance among residents, all of the needs identified can be linked to health outcome disparities for key segments of the population. Forty-three stakeholders ranked the health needs in order of importance based on the severity of the impact on the community, the impact on quality of life and disproportionate impact on vulnerable populations.

\*Continued on next page



Ranking	Fresno	Kings	Madera	Tulare
1	Access to Care	Diabetes	Diabetes	Access to Care
2	Breathing Problems (Asthma)	Breathing Problems (Asthma)	Access to Care	Diabetes
3	Diabetes	Access to Care	Obesity	Obesity
4	Mental Health	Obesity	Breathing Problems (Asthma)	Breathing Problems (Asthma)
5	Obesity	Mental Health	Mental Health	Mental Health
6	Maternal and Infant Health (Infant Mortality & Premature Births)	Substance Abuse	CVD/Stroke (Hypertension)	Maternal and Infant Health (Teen or Unwanted Pregnancy)
7	Substance Abuse	CVD/Stroke (Hypertension)	Substance Abuse	Violence/Injury Prevention
8	Oral Health (Dental Care)	Maternal and Infant Health (Teen or Unwanted Pregnancy)	Oral Health (Dental Care)	Substance Abuse
9	Violence/Injury Prevention	Oral Health (Dental Care)		Oral Health (Dental Care)

Figure 0: Summary of health needs ranked across all four counties ranked in order of importance by community stakeholders

### Asset Assessment Process

A comprehensive and ongoing audit system for Community Benefit programs has been implemented by SAMC's Director of Community Benefit and Outreach. The need for accuracy and efficiency is high and strong adherence was given to the definitions set forth by the Catholic Health Association. Detailed interviews of several key staff members were conducted and both current and newly reported programs were evaluated, defined, and re-defined when necessary. In an effort to ensure accuracy, all evaluation/definition was reviewed by the Director of Community Benefit and SAMC's General Accounting Controller.

### Development of SAMC's Implementation Plan

Saint Agnes Medical Center developed its Fiscal Year 2016 Implementation Plan through continuous monitoring of service area resident's health status, gaining a comprehensive understanding of local service area social and economic issues, and creating/fostering relevant partnerships with local Community Benefit Organizations. Understanding that the needs of SAMC's service area affect all local health care providers, Saint Agnes Medical Center has focused



on collaboration to effect a greater positive change in the prioritized health needs identified in the Community Health Needs Assessment. Ongoing oversight of SAMC's Community Benefit programs and initiatives is provided by The Mission and Community Benefit Committee of the Board of Trustees.

### **Significant Health Needs to be Addressed**

Saint Agnes Medical Center resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

The end result is that Saint Agnes Medical Center will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Access to Care**
- **Diabetes**
- **Obesity**
- **Oral Health (Dental Care)**

\*Saint Agnes Medical Center's Implementation Strategy is available in Appendix A pg. 31

### **Summary of Key Program and Initiatives—Fiscal Year 2016**

Overall net Community Benefit for fiscal year 2016 equates to \$10,364,535 and served 135,823 service area community members.

*Community Benefit initiatives and programs supported by Saint Agnes Medical Center include:*

#### **Financial Assistance**

Charity Care

#### **Government-Sponsored Means-Tested Health Care**

Unpaid costs of Medi-Cal Program

#### **Community Health Improvement Services**

Holy Cross Center for Women

Holy Cross Clinic

First Source Health Advocate Program

Health Care Enrollment Assistance

Transportation Voucher Program

Direct Financial Assistance to Poor Patients

Adult Sickle Cell Program

Better Breathers Club Support Group



Brain Tumor Support Group  
Grief Support Group  
Ostomy Support Group  
Chronic Disease Self-Management Program

**Health Professions Education**

Nurses and Nursing Students  
Other Health Professions

**Cash and In-Kind Contributions**

Cash Donations, Broader Community and In Poverty  
Equipment and Medical Supplies  
Clinical Pastoral Education  
Fresno Women's Network  
Blood Drive Program

**Community Benefit Operations**

Staff Costs for Internal Tracking and Reporting Community Benefit  
Other Community Benefit Costs  
Community Health Needs Assessment

*Financial Assistance*

**Charity Care**

Saint Agnes Medical Center is committed to providing quality healthcare services with compassion and respect, regardless of race, creed, sex, age or financial status. This includes a commitment to provide accessible services to individuals who do not have medical insurance or cannot afford to pay the full self-pay portion of their bill not covered by insurance.

Saint Agnes Medical Center provides a Financial Support Program as a resource to patients who need assistance covering the cost of their medical care. Staff is also available to assist patients in applying for public assistance programs or to establish a manageable monthly payment plan.

All patients may apply for financial support either in advance of or after receiving hospital services. Eligibility is determined on an individual basis, taking into account income, assets and insurance status.

For Fiscal Year 2016, *Charity Care totaled \$2,638,992 and served 5,664 community members.*

*Government-Sponsored Means-Tested Health Care*

**Unpaid Cost of Medi-Cal**



Government-sponsored means-tested health care community benefit includes unpaid costs of public programs for low-income persons. This is the shortfall created when a service provider receives payments that are less than the cost of caring for public program beneficiaries.

For Fiscal Year 2016, *Unpaid Cost of Medi-Cal totaled \$4,716,259 and served 76,059* community members.

#### *Community Health Improvement Services*

##### **Holy Cross Center for Women**

Since 1984, Saint Agnes' Holy Cross Center for Women (HCCW) has served as a refuge for homeless and underserved women and their children. Sponsored by Saint Agnes Medical Center, the center provides daytime shelter, counseling and referral services, educational and skills training, clothing, laundry services, shower facilities, and social activities to those in need. Services are free to all women and children who walk through the Center's doors.

English as a Second Language classes are held on a regular basis to help women and men who cannot maintain steady enrollment in a community school due to attendance requirements. The need to take advantage of short-term working opportunities in support of their families often outweighs their ability to attend class on a regular basis. All are welcome to return at any time. A computer and sewing room provide women with the equipment and opportunity to learn new skills or maintain those they may already have. A variety of parenting, child care and life skills classes are taught in conjunction with diaper distribution.

Programs for children are housed in The Gathering Place, a learning center complete with books, educational materials, toys and computers. Staff and volunteers supervise the children while their mothers are free to take classes or participate in other on-site programs.

The junior volunteer program (initiated in 1998) was held again during summer break in 2016. This is a six week program that attracts many local area at-risk youth. Sessions in nutrition, health, preventing obesity, risks of gangs/drugs/illegal activity, and outdoor activities were offered. Field trips prove to be a great learning experience for all participants. Each program concludes with a graduation ceremony that includes several awards for achievement. Multiple local area stakeholders helped facilitate the program and turned out in force to show their continued support at the graduation ceremony. Local community support continually exceeds expectations and a truly collaborative effort is what makes this program such a great success.

Fortunately, the Holy Cross Center for Women remains appealing and very well kept. The location is enclosed within the safe walls that surround a peaceful and grassy courtyard. This courtyard coupled with the generosity of donors and the participation of local community benefit organizations and groups, makes community celebrations a reality. HCCW collaborates with



agencies and other not-for-profit groups to provide education, job skills training, assistance, and recreational activities. Many program participants also receive much needed free medical and dental services at the affiliated Holy Cross Clinic (HCC) that is within walking distance of the Women's Center.

Mary Haven is an educational facility within the Holy Cross Center for Women. It was opened in 1998 and is designed to help clients become more self-sufficient. Over time, community needs have grown and in response, the MaryHaven facility was expanded in 2005. Participants learn basic skills in sewing, crafts, computers, parenting and English as a Second Language. Additional offerings include a variety of Self-help courses (personal safety, nutrition, health, family budgeting, improving self-image, and GED classes).

Funding and support for Holy Cross Center for Women are provided by Saint Agnes Medical Center, the Saint Agnes Women's Club, the Saint Agnes Men's Club, and the Saint Agnes Foundation. Future plans include another expansion of the facility to meet the needs of the community. Holy Cross Center for Women is located at 421 "F" Street in downtown Fresno California.

For Fiscal Year 2016, *"days of assistance" totaled 45,730 and total Community Benefit was \$411,853* (approximately 35% of those served are homeless).

### **Holy Cross Clinic**

In 1982, the Sisters of the Holy Cross and SAMC identified the need of basic medical and dental care for at-risk community members. In response, the two groups came together to create the Holy Cross Clinic. The Holy Cross Clinic provides free medical and dental services to service area community members who are "at-risk." Many patients are homeless, but care is provided to all who walk through the door with no questions asked. Many of the Clinic's patients are undocumented and use the services because they know that this is a safe environment for them to receive care. Patients are given referral appointments, receive educational material, have lab work done, and receive medications. The main goal of this comprehensive effort is to provide a safe environment where good health practices can be learned.

For Fiscal Year 2016, *medical and dental encounters totaled 3,644 and total Community Benefit was \$360,333.*

### **First Source Health Advocate Program**

The service area of Saint Agnes Medical Center is primarily zoned as a "Medically Underserved Area" (MUA). This is primarily due to the lack of providers in our area and the many challenges faced related to providing health care. Household income levels are low, health care providers are in short supply, poverty is high, and education levels are low as well. The aforementioned climate



creates challenges related to providing care to a population with so many barriers. This is a need that continues to grow as our service area includes many rural areas with community members that have no transportation. SAMC understands these unique conditions and is dedicated to providing as much assistance as possible.

Our First Source Health Advocate program is one that assists Saint Agnes Medical Center's patients with finding payment solutions for care received. Assistance and navigation through the intricate process of applying for California's Medicaid (Medi-Cal) health coverage is a first line of defense and helps SAMC's at-risk community members find avenues for access to care. Patients have access to these services both before and after services have been rendered and the program is offered in both English and Spanish languages.

For Fiscal Year 2016, *First Source Health Advocacy costs totaled \$136,063 and served 672 community members.*

### **Health Care Enrollment Assistance**

The number of community members without healthcare coverage has increased over time and so has SAMC's commitment to changing that reality. Barriers for Access to Care have been identified as an issue and SAMC is dedicated to making a positive impact in this arena. Saint Agnes Medical Center will continue the dedication of time and resources in an effort to improve this issue.

For Fiscal Year 2016, *SAMC provided Health Care Enrollment Assistance for 793 community members in need at a cost of \$28,982.*

### **Transportation Voucher Program**

Access to Care is a high priority need that continues to be unmet for a large segment of SAMC's service area community members. In response, Saint Agnes Medical Center has allocated financial resources for the purchase of taxi vouchers, bus tokens, and other specialized methods of transportation when necessary. All program participants are qualified based on need and these services are offered on a continual basis. SAMC's Care Coordination and Social Services Departments work together to ensure that this barrier to care is not an insurmountable obstacle.

For fiscal year 2016, *Transportation Voucher Program costs totaled \$50,207 and served 1,174 community members.*

### **Financial Assistance to Poor Patients**

The purpose of Financial Assistance to Poor Patients is to provide resources for the underserved and at-risk community members within SAMC's service area. Just as basic needs can vary, categories of assistance under this program vary as well. One category of care is the provision of medication to both Emergency Department and in-patient clients in need. Often times patients require safe physical transfer to other appropriate facilities for care; this program covers that cost.



Short term housing also qualifies, as well as a provision of funds for funeral and cremation costs. Durable medical equipment can be extremely high priced, and this is another category that is available to community members who are in need and at-risk.

For Fiscal Year 2016, *Financial Assistance to Poor Patients costs totaled \$8,652 and served 26 community members.*

### **Adult Sickle Cell Program**

Saint Agnes Medical Center's Adult Sickle Cell Program was established in 1994 in response to a recognized need of service area community members. This program continues to be the only service of its kind between San Francisco and Los Angeles, and plays a vital role in educating sickle cell patients about proper management of the disease. It is designed to make the transition from Pediatric to Adult Sickle Cell care as smooth as possible and is facilitated in close collaboration with the local partnering organization, Valley Children's Healthcare. The program's outpatient clinic provides a setting for patients to be seen by physicians who specialize in Sickle Cell management and care. Overall objectives include proper care management, quality of life improvement, reduced unnecessary use of the emergency department, and increased education levels. SAMC remains committed to offering these resources to the community members of our service area and will continue to add value as opportunities arise.

For Fiscal Year 2016, *Adult Sickle Cell Program costs totaled \$11,287 and served 93 community members.*

### **Better Breathers Club Support Group**

The Better Breathers Club is a support group offered at Saint Agnes Medical Center that is open to any/all community members. This is a core program of the American Lung Association in California that offers resources and support to those affected by lung disease (patients, family members and caregivers). The group is administered on a monthly basis by SAMC staff and is free of cost for participants. This program was started in October of 2013 in response to community need expressed by our constituents and each class is 1 ½ hours.

For Fiscal Year 2016, *Better Breathers Club Support Group costs totaled \$5,174 and served 161 community members.*

### **Brain Tumor Support Group**

The Brain Tumor Support Group is offered to any/all community members living with or affected by brain tumors (family, friends, caregivers and colleagues). This group was started in 1990 in response to the unmet need expressed by the service area community members of SAMC. The group provides emotional support, tools, and information to help with the adjustments in lifestyle



associated with having a brain tumor. Facilitated by two of SAMC's staff (Specialty Surgery Service Line Leader and a Licensed Social Worker) the group meets once a month on SAMC's campus for 1 1/2 hours at a time. Subject matter focuses on both malignant and benign tumor education. The dynamic of the group is diverse in that participants have varying projected life expectancies based on the type of tumor that they have. A sincere environment of support emerges from natural group leaders and the program has proven to be an invaluable enhancement in many community members' lives.

For Fiscal Year 2016, *Brain Tumor Support Group costs totaled \$1,455 and served 53 community members.*

### **Grief Support Group**

Saint Agnes Medical Center's Grief Support Group is offered to any/all members of the community and is in response to an unmet need. Supporting all participants with tools to adjust to life changes resulting from a loss is the main goal. This group meets twice a month and is facilitated by one of SAMC's Clinical Social Workers. All of the group meetings are held on SAMC's campus and are 1 ½ hours in length.

For Fiscal Year 2016, *Grief Support Group costs totaled \$2,347 and served 161 community members.*

### **Ostomy Support Group**

The Ostomy Support Group is offered to any/all community members living with or affected by ostomies. This group began in response to the unmet community need identified within Saint Agnes Medical Center's service area. Services provided include emotional support, educational tools, and information to help with lifestyle adjustments. SAMC staff facilitate all of the meetings and convene the group once a month for two hours at a time. Meetings are held at SAMC's facilities in the Martin meeting room and are highly beneficial to all community members who participate.

For Fiscal Year 2016, *Ostomy Support Group costs totaled \$1,377 and served 152 community members.*

### **Chronic Disease Self-Management Program – "A Healthier You"**

Saint Agnes Medical Center launched its chronic disease self-management program, "A Healthier You" in fiscal year 2015. This was in direct response to the diabetes and obesity needs identified in our Community Health Needs Assessment on file. Developed by Stanford University, this is an evidence based program that has been proven to improve participant's self-efficacy and self-management skills. Each workshop is two and a half hours, offered once a week, for six weeks. People with different chronic health problems attend together. Workshops are facilitated by two



trained certified leaders, one or both of whom are non-health professionals with a chronic disease themselves.

This program is available at no cost to any/all community members within SAMC's service area. Participants learn self-management tools associated with relaxation techniques, emotion management, exercise education/planning, healthy eating habits, symptom management, medication management, communication skills and weekly goal setting.

For Fiscal Year 2016, Chronic Disease Self-Management Program costs totaled \$69,727 and assisted 444 community members.

### **Health Professions Education- Nurses and Nursing Students**

In partnership with many local colleges, universities, and specialty schools, Saint Agnes Medical Center provides a clinical setting for undergraduate and vocational training to students. These programs are offered as a benefit to the community and there is no expectation or requirement for participants to work for SAMC. Partnering Educational Institutions include: Fresno City College, National University, Clovis Adult School, California State University Fresno, West Hills Community College, Fresno Adult School, San Joaquin Valley College, and Fresno Pacific University.

In fiscal year 2016, SAMC played an intricate role in facilitating an in-house program to 857 Nursing Students. All participants were working toward requirements associated with obtaining certificates and/or licensure to move their career paths forward in the health care industry. A large portion of SAMC's service area is designated as "Medically Underserved," and the importance of leveraging local resources in order to achieve a healthier community proves to be invaluable. The exposure that participants receive is vital to both the students and SAMC. SAMC is proud to support such a robust program.

For Fiscal Year 2016, *Health Professions Education for Nurses and Nursing Students costs totaled \$833,151 and served 857 community members.*

### **Health Professions Education- Other Health Professions**

The health care industry offers many varying opportunities for several health related specialties. SAMC proudly offers an environment that supports learning and exposure for the following professions: Paramedics, Respiratory Therapy, Pharmacy Technicians, Imaging, Physical Therapy, HIM, Dietetics, Social Work, Phebo Technicians, and Cardiac Sono Technicians. Exposure to relevant experience is required to obtain critical certificates and licenses and SAMC is honored to partner with the following organizations: West Medical School, Central California Emergency Medical Services Agency, San Joaquin Valley College, Health College, California State University Fresno, Fresno City College, and West Coast Ultrasound Institute.



These programs benefit the community members of SAMC's service area in two distinct ways. First, they provide a learning environment for local students to further their careers. Second, they provide exposure and direction for the future workers and leaders of the health industry. Being that a large percentage of SAMC's service area is designated as a medically underserved area, workforce development is also a critical disparity that needs to be addressed. By leveraging our local human capital resources, SAMC's Health Professions Education program improves the overall health of our community and exposes students to what our area has to offer.

For Fiscal Year 2016, *Health Professions Education for Other Health Professions costs totaled \$111,162 and served 140 community members.*

#### **Cash Donations- Broader Community and Poverty**

At times, Saint Agnes Medical Center monetarily supports local non-profit organizations that are working toward changing the identified health needs of our communities as referenced in our Community Health Needs Assessment report. All donated funds are awarded on a restricted basis and are expected to stay in our local service area. In fiscal year 2016, SAMC supported local non-profit Community Benefit Organizations with a total of \$220,858. One of SAMC's largest donations was \$100,000 to support the Fresno Community Health Improvement Partnership (FCHIP). Other recipients and initiatives included support of Catholic Charities, Fresno First Steps Home, and Tzu Chi Clinics. All donated dollars are awarded strategically and at levels that make sense for SAMC. In an economic market that requires all to accomplish more with less, SAMC strives to help when possible.

For Fiscal Year 2016, *Cash Donations totaled \$263,332*

#### **Equipment and Medical Supplies**

Many local and distant communities go without proper medical supplies and equipment due to a lack of financial resources. In an effort to aid organizations in need, SAMC works diligently to provide Medical supplies and equipment as they become available from our Central Distribution Department. Medical supplies and equipment that are close to their "outdates" or are newly classified as obsolete are monitored and distributed to partnering organizations that can put them to good use. As community health issues and disparities become more prevalent, SAMC is dedicated to helping in every way possible.

For Fiscal Year 2016, *Equipment and Medical Supplies donation value totaled \$486,762.*

#### **Clinical Pastoral Education (CPE)**

Saint Agnes Medical Center is dedicated to supporting local non-profit organizations that work toward meeting the needs of our community. On a local level, SAMC provides the Clinical Pastoral Education of Central California (CPE) with free office space and equipment throughout the year.



The CPE of Central California is an organization with the vision to provide every hospital and service agency in the Central Valley with qualified and accredited spiritual counselors and chaplains. This is a service that Saint Agnes Medical Center fully supports and is proud to be in partnership with.

For Fiscal Year 2016, *Clinical Pastoral Education donation value totaled \$18,332*

### **Fresno Women's Network**

Saint Agnes Medical Center is dedicated to supporting local non-profit organizations that work toward meeting the needs of our community. On a local level, SAMC provides the Fresno Women's Network with office space throughout the year at no cost. The Fresno Women's Network is an organization that focuses on supporting local area women in their business, personal and professional growth. This is an organization that Saint Agnes Medical Center fully supports and is proud to be in partnership with.

SAMC provides The Fresno Women's Network with the following on an ongoing basis: Rent and utility free space of 250 s/f, desktop computer, laptop computer, Internet service, and phone service.

For Fiscal Year 2016, *Fresno Women's Network donation value totaled \$2,772.*

### **Blood Drive Program**

In partnership with Central California Blood Center, Saint Agnes Medical Centers holds two employee blood drives onsite annually. The service area of SAMC is often in short supply of blood inventory and helping offset this disparity is a priority. Any and all willing staff members can donate blood during their work shift. A total of 10 SAMC staff graciously donated blood for a combined total of 9 pints of blood. SAMC is dedicated to supporting this initiative for years to come!

For Fiscal Year 2016, the *Blood Drive Program value totaled \$845 and 9 pints of blood were collected.*

### **Community Benefit Reporting & Management**

Saint Agnes Medical Center is dedicated to accurate management and accountancy of its community benefit activities. In fiscal year 2016, SAMC's Community Benefit Department grew with the hiring of a Community Benefit Manager. The primary focus of this position is to implement and oversee the Saint Agnes Health Hub. With a long term focus on addressing the social determinant of health issues of service area community members, SAMC is investing in the development of the Saint Agnes Health Hub. Full implementation of the Hub is planned for fiscal year 2017. Additional staff who invest time and resources into community benefit includes: Chief Executive Officer, Vice President of the Foundation, Chief Administrative Officer, Chief Operations



Officer, Controller, Vice President of Mission Services, Associate Council, Manager of Care Coordination and Social Services, and a staff accountant.

The Community Benefit and Mission Services Committee conduct meetings on a quarterly basis to discuss Community Benefit progress and strategy. There is also a Community Benefit sub-committee that meets as-needed to review and decide on relevant issues. Both the Committee and sub-committee are attended by key staff, as well as, board members and relevant stakeholders.

For Fiscal Year 2016, *Community Benefits Reporting and Management value totaled \$191,753.*

### **Other Community Benefit Costs**

The importance of community benefit in today's health care arena is great. Annually, SAMC incurs several expenses related to this topic. Subjects included in this category include: time spent by key staff in community benefit audit meetings, overhead and office expenses associated with Community Benefit Operations (CBISA annual cost, Office Space, Cell Phone, other expenses), and costs associated with attending educational programs to enhance community benefit program planning and reporting.

For Fiscal Year 2016, *Other Community Benefit Costs totaled \$21,813.*

### **Community Health Needs Assessment**

The Community Health Needs Assessment (CHNA) is an essential tool used to inform and direct community benefit resource allocation for all non-profit hospitals. There are costs associated with conducting the quantitative and qualitative research necessary to produce a relevant and accurate CHNA. In fiscal year 2016, SAMC incurred \$3,249 in expenses for CHNA efforts that produced an updated report.

For Fiscal Year 2016, *Community Health Needs Assessment costs totaled \$3,249.*

## **Non-Quantifiable Benefit**

### **Executive Leadership Activities**

The leadership team at Saint Agnes Medical Center supports local community benefit organizations in many ways. Participation on local Boards, Committees and Coalitions allows key leadership the opportunity to share their personal "gift inventory" that is a result of time and experience. Knowledge levels are specific to each person individually and the variety of subject matter expertise amongst SAMC's leadership team is vast and valuable.

For fiscal year 2016, SAMC's Board, Committee and Coalition participation included the following:



Fresno First Steps Home, Fresno County Health Improvement Plan (FCHIP), The Children's Movement, Down Syndrome Society, American Red Cross Board of Trustees, Disaster Medical and Health Regional Committee, Central San Joaquin Valley Nursing Leadership Coalition, Medical Health Emergency Preparedness Advisory Committee, City of Fresno for ADA Accommodations, Fresno Healthy Community Access Partners Board of Trustees, Mental Health Committee, Catholic Charities Board of Trustees, American Heart Association Board of Trustees, Leukemia and Lymphoma Board of Trustees, Medical Group Association, Nursing Education Board of Trustees, Services and Academic Board of Trustees, Steering Board are Fresno City College, Inter-Agency Council, Poverello House, Fresno Respite, Fresno General Plan Implementation and Infill Development Task Force, Fresno Rotary Club, Fresno Chamber of Commerce, Fresno County Women's Chamber of Commerce, Clovis Chamber of Commerce, Hospital Council of Northern and Central California, Fresno President's Council.

### **Mission Services**

Mission Services and the Center for Spiritual Care seek to minister to the body, mind and spirit of patients, family members and staff at SAMC. Staff members, who are Certified Chaplains, understand that a person's spiritual needs are not specific to a hospital setting. Influences within the community and beyond often affect community members in many different ways. SAMC's ministry of healing reaches out to civic, religious, and social entities throughout the service area. Some of the highlights for fiscal year 2016 include the following:

The Saint John's Bibles have become a valuable tool that work to aid in the goals of SAMC's Mission Services department.

The "Hugs from the Spirit" program provided hundreds of soft blankets and cuddly teddy bears to patients in need of warmth and comfort. Many of the blankets were given to persons receiving end-of-life care.

The Clinical Pastoral Education program is housed within SAMC's facilities and offered support services for community members who desire to become certified Chaplains. During FY2016 five ministers or seminarians completed units of Clinical Pastoral Education.

Patient visitation by Chaplains and Clinical Pastoral Education student chaplains totaled in excess of 30,000.

Daily and Sunday Masses are televised in-house for patients and families.

Daily morning and evening prayers are facilitated over the hospital intercom.

For Fiscal Year 2016, 68 Lay Ministry Volunteers donated what was equal to 1.4 full time employees. Education and mentoring is an ongoing process.

A Spiritual Care Volunteer Training Program was offered by chaplaincy staff for new members who wish to serve as Eucharistic Ministers or Pastoral Visitors.

Chaplains attend interdisciplinary rounds on units, and participate in family conferences.

The Spiritual Care Coordinator teaches a course on "Understanding Spiritual Needs" to the Nurse Residency Program.

National Hospital Week was celebrated with special events including prayer services and the blessing of the hands of medical center personnel.



Saint Agnes chaplains hosted a National Spiritual Care Week luncheon in October for all local area hospital and hospice chaplains.

Daily and Sunday Masses are conducted on an ongoing basis.

### **Donations**

Understanding that local and national community benefit campaigns create positive impact for many health disparities, SAMC strategically supports initiatives through donations and sponsorships.

Diverse in scope, the following programs were supported in fiscal year 2016:

Alzheimer's Association, American Cancer Society, American Heart Association, American Lung Association, American Red Cross, Art of Life Cancer Foundation, Catholic Charities, , Central California's Women's Conference, County of Fresno (Breastfeeding Walk), Fresno Area Hispanic Foundation, Fresno Regional Foundation (State of our Children), Fresno County Women's Chamber, Fresno First Steps Home, Fresno Medical Respite Center, Fresno Madera Medical Association, Fresno Metro Ministry, Fresno Women's Network, Fresno Unified School District, Greater Fresno Area Chamber of Commerce, Hinds Hospice, Komen Central Valley Race for the Cure, La Feliz Guild of Children's Hospital Central California, Leukemia & Lymphoma Society, March of Dimes, Marjaree Mason Center, Maternity Fair, Republic of Armenia (Fresno), Right to Life Central California, San Joaquin Memorial, San Joaquin Valley Town Hall, Tzu Chi Clinics, Valley Caregiver Resource Center

### **Service Guild Volunteers**

In Fiscal Year 2016, 494 local men, women, and young community members generously gave of their time in support of our mission to provide quality service to patients, staff, physicians and guests of Saint Agnes Medical Center. Every day SAMC is supported by a dedicated volunteer group that adds immeasurable amounts of value to our Hospital. An intangible is often worth more than what can be measured, and in a time of need, our patients are welcomed and supported by kind-hearted participants. SAMC's incredible team of volunteers donated 54,445 hours of care and we are grateful for every second.

### **Junior Volunteer Program**

With over 200 students from various locations throughout the Central Valley, thousands of hours have been donated in various departments of SAMC. Junior volunteers assist staff with non-clinical tasks in women and infant services and patient care areas. Time is also allocated for work in the Gift Shop and taking the shopping cart to the patient rooms. They greet our visitors at the Guest Services desk and keep patients' loved ones informed while they are in our care.



Throughout the year, Junior Volunteers perform additional value added acts of kindness throughout our facility. Activities include:

- Making tray favors for patients in celebration of every holiday.

- Christmas caroling on all of the floors of the hospital

- Assist as needed with Foundation events (Cross City Race, and Fashion Show)

In addition to learning the value of volunteering, participants also enhance leadership skills by managing their own board. Fiscal Year 2016 was a great year with 58 graduating seniors who made a lasting impression on SAMC's patients, patrons, and staff.

### **Junior Volunteer Scholarship Program**

In an effort to support local youth who are committed higher education, SAMC provides scholarships to high school seniors. Working with generous local donors, SAMC raised \$13,000 in fiscal year 2016 and awarded 3-\$2,000 and 7-\$1,000 scholarships to local deserving students. This program has been offered for many years and there is no sign of that changing any time soon.

### **Community Outreach**

Community Outreach Events throughout Saint Agnes Medical Center's service area are an important educational vehicle. Partnerships with local coalitions, committees and movements provide strategic opportunities to educate community members about many different health topics. Topics such as chronic disease management, nutrition, and preventive care are shared at locations throughout SAMC's service area.

### **Community Event Support**

Saint Agnes Medical Center staff members are committed to many great local and National causes. This is not a new concept for staff, and we are proud to report that fiscal year 2016 was no exception to the level of support that our staff provides to the community. The following events were supported by staff and all proceeds were raised by their tireless efforts:

- Alzheimer's Association – Walk to End Alzheimer's

- American Cancer Society – Making Strides Against Breast Cancer

- American Cancer Society – Relay for Life

- American Heart Association – AHA Heart Walk

- American Lung Association – Holiday Poinsettia Fundraiser

- Central California's Women's Conference – Educational booth, presenting sponsor

- County of Fresno – Breastfeeding Awareness Walk

- Fresno County Office of Education

- Fresno Women's Network – Educational booth

- March of Dimes – March for Babies Walk



### **Community Education**

Internal and external educational programs are important for the overall health of SAMC's service area communities. Understanding that specialists exist for different subject matter, SAMC facilitates programs that are specific to its areas of expertise and outsources when appropriate.

Various educational topics include:

- Family Maternity Education

- Family Grief Support

- Healthy Living Classes and Education

- Caregiver training (wound and hyperbaric)

- Educational program for physicians/nurses

- Host Advanced Cardiac Life Support and Pediatric Advanced Life Support classes

- Spirit of Women Educational series on Women's Health

  - Find Your Color – Communication with others

  - Girls Night Out – Health and wellness booths with physician participation

- Oncology Symposium about "Contemporary Care" of the Ovarian Cancer Patient

- Cardiology Symposium: State of the Heart

- Women's Health Symposium about Women and Heart Disease

- Wound Care and Amputation Prevention Symposium

### **Advocacy**

Saint Agnes Medical Center leaders advocate locally, statewide, and nationally on issues pertaining to community health. In partnership with the Hospital Council of Northern and Central California, issues that pose a threat to the health and wellbeing of SAMC's service area are taken up with elected officials. Participation in forums and providing information to the public on issues that directly impact them will remain a priority at SAMC.

### **Adopt-an-Angel Program**

This is a program that provides new clothes and toys for local children in need during the Christmas season. SAMC is proud to report that over 100 children at the Holy Cross Center for Women were recipients as a result of this program. Many of the staff at SAMC donated time, money and supplies to make this effort a great success.

### **Back to School Supply Drive**

Backpacks and boxes of school supplies were provided to at-risk children within the service area of Saint Agnes Medical Center. SAMC's Community Health Needs Assessment report identifies both poverty and education as priority issues in our service area. In response the Back to School Drive



works to make a positive impact on both disparities. All efforts and items are provided directly from SAMC staff and we are proud to have an employee base that understands the value of giving back to our community.

### **Community Health Fairs**

Saint Agnes Medical Center's service area communities often request assistance with local health fair facilitation. SAMC will typically provide information/education specific to various health related topics, as well as, health screenings such as blood pressure and sugar checks. Some of the events specific to fiscal year 2016 include:

American Heart Association Heart Walk – Team Captains, educational booth, including blood screenings  
American Heart Association Go Red for Women – Educational booth, including blood screenings  
American Cancer Society Making Strides – Educational booth  
Central California's Women's Conference – Educational booth  
County of Fresno – Breastfeeding Awareness Walk – Educational booth  
City of Fresno – Educational booth, including blood pressure screenings  
City of Clovis – Educational booth, including blood pressure screenings  
Fresno Chaffee Zoo – Employee Health Fair – Educational booth, including blood pressure screenings  
Fresno County Office of Education – Educational booth  
Fresno Women's Network – Educational booth, presenting speaker  
Komen Central Valley Race for the Cure – Educational booth  
Oakhurst Health Fair – Educational booth, including health screenings  
PGE Employee Health and Safety fair – Educational booth, including blood pressure screenings  
Q97 Maternity Fair Health Fair – Educational booth  
Spirit of Women – Educational booth, including cholesterol and blood pressure screenings

### **Medical Education**

The Saint Agnes Medical Education Department continued its robust education program in Fiscal Year 2016. Medical Education is directed toward improving patient care, enhancing skills and knowledge of our medical staff, and introducing novel therapeutic treatments and research to community healthcare providers. A multitude of symposiums, conferences, live video presentations, case discussions, and skills trainings were held at SAMC's facilities throughout the year. Senior Leadership is committed to supporting medical education and is demonstrated by the scope and quality of programs offered at no cost to SAMC's medical and professional staff. Many presentations are also offered to the local broader health professional community members.



### **Saint Agnes Medical Center Men's Club**

Saint Agnes Men's Club is a dynamic group of philanthropic men, whose fundraising activities have benefited the Medical Center and its special programs since 1983. Annual fundraising and outreach events include: Casino Night, Summer Sizzle, Golf Championship, and holiday gift package distribution to needy families.

Since its inception, Saint Agnes Men's Club members have generated more than \$3 million to support Saint Agnes patient care services and community outreach programs. For Fiscal Year 2016, event fundraising efforts produced the following:

Golf Tournament:	\$43,216
Casino Night:	\$78,930
Summer Sizzle:	\$43,216
Opportunity Car Drawing:	\$36,471

Saint Agnes Men's Club fundraising efforts in Fiscal Year 2016 supported a total of 21 Saint Agnes Medical Center programs and services.

### **Women's Club**

Saint Agnes Women's Club is a diverse group of philanthropic women whose primary focus is to raise awareness and dollars for Saint Agnes Holy Cross Center for Women. Since 1984, the Women's Club has raised more than \$1 million in support of the Women's Center. Annually, the Women's Club fundraising and outreach efforts include a Fashion Show and a Tea.

For Fiscal Year 2016, event fundraising efforts produced the following:

<i>Fashion Show:</i>	\$59,458
<i>Tea:</i>	\$20,297

### **Medical Library**

The William O. Owen Medical Library (located in the North Wing of SAMC's main facility) provides information on patient care, medical research, and health education to Saint Agnes physicians, nurses, and staff. This resource is also available for use by SAMC's patients, family members, students and others. Visitors are welcome to visit or call the library for medical information during normal hours of operation (Monday-Friday, 8:30 a.m.-4 p.m.) and library staff is available to help when needed.

### **Meeting Room Overhead and Expense**



In an ever-changing economic market, partnering is essential to meeting the needs of community health. Social determinants of health are increasing in importance and supporting our local Community Benefit Organizations to make positive changes is a high priority for Saint Agnes Medical Center. Many local organizations target initiatives with limited resources and one way that SAMC supports our partners is through use of our facilities. In an effort to help local Community Benefit Organizations meet their goals, SAMC offers space for use as needed. These organizations are addressing community needs that are in line with SAMC's mission and focus areas.

Partners include:

Fresno County Improvement Plan (FCHIP), The Children's Movement, The Hospital Council of Northern and Central California, American Cancer Society, Fresno Medical Respite Group, Nursing Leadership Coalition, 5150 task force, Fresno City College Nursing Students, Susan G. Komen, CPE program, and Fresno Rotary

### **Footsteps**

Footsteps, an expansion program of Saint Agnes Hospice, continued its 20-year tradition of supporting children and teens that have experienced a loss or change due to death. Its award-winning expressive arts curriculum offers a healing bridge of communication among children, parents, grandparents and foster parents. Grief is an unpredictable passageway and is different for each individual. Patience and understanding go a long way and over the years many local residents have experienced healing through this program.

### **Communicating Health**

Communicating with constituents and community members is important. At Saint Agnes Medical Center, great care and dedication is used to communicate relevant and helpful information at all times.

*Many of SAMC's current efforts include:*

- Health and wellness Newsletters
- ParentCare Online Newsletter
- Health-based Public Service Announcements on KYNO radio
- Informational newspaper wraps
- Women's Health Educational Series
- Healthy Spirit Magazine
- Comprehensive Website
- Online Health Information Library
- Healthy recipes



# APPENDIX





## **Saint Agnes Medical Center**

### **Community Health Needs Assessment Implementation Strategy**

### **Fiscal years 17-19**

(Based on FY 16 CHNA)

Saint Agnes Medical Center completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in May, 2016. Saint Agnes performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <http://www.samc.com>, or printed copies are available at Saint Agnes Medical Center.

### **Hospital Information and Mission Statement**

Saint Agnes Medical Center (SAMC) is a Catholic healthcare ministry, not-for-profit hospital with 436 acute care beds, located in the city of Fresno, California. SAMC is privileged to serve the community members of Fresno, Madera, Kings, and Tulare counties since 1929. May of 2013 brought the synergistic merger of Catholic Health Care East and Trinity Health. As a result, SAMC became a proud member of one of the Nation's largest Catholic Health systems. Trinity Health employs more than 95,000 people in 21 states and returns about \$1 billion to its communities annually in the form of charity care and other community benefit programs. Over time, SAMC has expanded in order to keep pace with the demand of our service area community members. The most recent addition to our facilities was a 230,000 s/f North Wing expansion in 2005 which nearly doubled the Medical Center's size. SAMC has a staff of more than 2,500 and 850 volunteers who work diligently to serve the needs of our 1,100,113 service area patrons.

### **Mission**

We, Saint Agnes Medical Center and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

### **Health Needs of the Community**



The CHNA conducted in FY 16 identified eleven priority health needs within the Saint Agnes Medical Center community. Those needs were then prioritized based on the severity of the impact on the community, the impact on the quality of life and disproportionate impact on vulnerable populations. The eleven significant health needs identified include:

<b>Access to Care</b>	<ul style="list-style-type: none"> <li>• The timely use of personal health services to achieve the best health outcomes.</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>• Occurs when the body cannot produce sufficient insulin, a hormone that the body needs to absorb and use blood glucose-the body's primary source of energy.</li> </ul>
<b>Obesity</b>	<ul style="list-style-type: none"> <li>• Weight that is higher than what is considered as a healthy weight for a given height.</li> </ul>
<b>Oral Health (Dental Care)</b>	<ul style="list-style-type: none"> <li>• Refers to the absence of tooth decay, gum disease, jaw joint diseases (TMD) and oral cancers. It is also used to describe the access to dental care to prevent any of these diseases.</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• A health condition that is characterized by alterations in thinking, mood and/or behavior that are associated with distress and/or impaired functioning.</li> </ul>
<b>Breathing Problems (Asthma)</b>	<ul style="list-style-type: none"> <li>• Asthma is a chronic lung disease that inflames and narrows the airways. It causes recurring periods of wheezing, chest tightness, shortness of breath and coughing which often occurs at night or early in the morning.</li> </ul>
<b>Maternal and Infant Health (Infant Mortality &amp; Premature Births)</b>	<ul style="list-style-type: none"> <li>• Refers to indicators that capture the health of women during and after pregnancy as well as birth outcomes.</li> </ul>
<b>Maternal and Infant Health (Teen or Unwanted Pregnancy)</b>	<ul style="list-style-type: none"> <li>• Refers to indicators that capture the health of women during and after pregnancy as well as birth outcomes.</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• A dependency on mind and behavior altering substances.</li> </ul>
<b>CVD/Stroke (Hypertension)</b>	<ul style="list-style-type: none"> <li>• Heart disease continues to be the leading cause for both men and women in the US. Coronary artery disease affects the blood flow to the heart and is associated with risk factors such as high blood pressure, high LDL cholesterol and smoking.</li> </ul>
<b>Violence/Injury Prevention</b>	<ul style="list-style-type: none"> <li>• Refers to indicators that assess the rate of homicide, auto related accidents or injuries to pedestrians in a community.</li> </ul>



# Hospital Implementation Strategy

Saint Agnes Medical Center resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

## Significant health needs to be addressed

Saint Agnes Medical Center will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Access to Care** – Detailed need specific Implementation Strategy on 4/5/6
- **Diabetes** – Detailed need specific Implementation Strategy on 7/8
- **Obesity** – Detailed need specific Implementation Strategy on 9/10
- **Oral Health (Dental Care)** – Detailed need specific Implementation Strategy on 11

## Significant health needs that will not be addressed

Saint Agnes Medical Center acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. Saint Agnes will not take action on the following health need:

- **Breathing Problems (Asthma)** – Local organizations are focused on this topic and interventions associated with it. SAMC will remain engaged in community coalitions and collaborations around this topic and offer insight/support when appropriate, but will not specifically address asthma.
- **Mental Health** – Local organizations are focused on this topic and interventions associated with it. SAMC will remain engaged in community coalitions and collaborations around this topic and offer insight/support when appropriate, but will not specifically address mental health.
- **Maternal and Infant Health (Infant Mortality & Premature Births)** – Local organizations are focused on this topic and interventions associated with it. SAMC will remain engaged in community coalitions and collaborations around this topic and offer insight/support when appropriate, but will not specifically address maternal and infant health.
- **Maternal and Infant Health (Teen or Unwanted Pregnancy)** – Due to competing priorities which SAMC has the expertise to influence, teen and unwanted pregnancies will not be specifically addressed.
- **Substance Abuse** – Due to competing priorities which SMAC has the expertise to influence, substance abuse will not be specifically addressed.
- **CVD/Stroke (Hypertension)** – With resources for patients in this subject area, SAMC is committed to offering insight where appropriate with local partner organizations.



- **Violence/Injury Prevention** – Due to competing priorities which SAMC has the expertise to influence, violence and injury prevention will not be specifically addressed.

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending June, 2019 other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

DRAFT



## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 16-19

<b>HOSPITAL FACILITY:</b>	Saint Agnes Medical Center		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Access to Care		
<b>CHNA REFERENCE PAGE:</b>	37	<b>PRIORITIZATION #:</b>	1

### **BRIEF DESCRIPTION OF NEED:**

Access to health care is defined as "the timely use of personal health services to achieve the best health outcomes." There are four essential elements of access to care: coverage, services, timeliness and workforce. As the diversity of our patient populations continues to grow the importance of a healthcare workforce that is culturally effective is essential to achieve access and health equity. The barriers to obtain health care services include: a lack of availability, high cost of care and lack of insurance coverage. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills.

**GOAL:** Expand timely and appropriate access to medical care and other services for the uninsured and underinsured by eliminating barriers and communicating availability.

**OBJECTIVE:** Increase the proportion of underserved persons who have health insurance and ongoing source of care. Utilizing care coordination and clinical access points, individuals will be screened, identified, and enrolled or referred for health insurance coverage and other supportive services to improve health and reduce disparities.

### **ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**

1. Continued support of fully subsidized health and dental services at the Holy Cross Clinic.
2. Continued offering of our no-cost Sickie Cell program.
3. Continue working with local community organizations to communicate the availability of resources throughout our community.
4. Remain engaged in the Fresno Unified School District "Hospital Partnership."
5. Continue supporting the vision mobile unit program to provide vision exams and glasses to children in need.
6. Expand our working collaborations with additional community benefit organizations within our service area by partnering on grant opportunities and supporting common ground initiatives.
7. Remain diligent and focused with our investment to change the problems associated with Access to Care by gaining a better understanding of the barriers experienced by



end users and actively working to reduce those barriers.

8. Continue employing financial counselors to assist patients and community members through relevant healthcare enrollment processes.
9. Continued partnership with third party Medi-Cal enrollment program through our "First Source Health Advocate" program.
10. Expand partnerships with local area Federally Qualified Health Center's to increase access to care and healthcare enrollment services.
11. Continued facilitation of our Health Professions Educational support program in partnership with local higher education organizations.
12. Continued facilitation of our Chronic Disease Self-Management program, "A Healthier You."
13. Remain engaged with the Fresno County Health Improvement Partnership (FCHIP).
14. Continued participation in community coalitions and workgroups focused on health issues (The Children's Movement, Fresno Diabetes Collaborative and Health Literacy workgroup).

**ANTICIPATED IMPACT OF THESE ACTIONS:**

1. Reductions in the number of uninsured community members in SAMC's community health care system. A larger percentage of the population will have a primary care provider which will improve the overall health of the community.
2. Community partner organizations will understand SAMC's commitment to working in a collaborative manner and providing resources when available.
3. Community members will understand that SAMC is a resource for them.
4. Community members will continue to receive charity care when needed based on SAMC's financial assistance policy.
5. Uninsured, underinsured, and undocumented community members will receive health and dental care.
6. The gap in Sickle Cell care will be met for community members in need (this is the only program of its kind between San Francisco and Los Angeles).

**PLAN TO EVALUATE THE IMPACT:** We will monitor our patient base demographics and Payer mix to identify trends and track our results. We will track annually the number of people assisted in Medi-Cal enrollment through outreach efforts by our hospital and partner organizations. The number of encounters within our Holy Cross Clinic and Sickle Cell program will be monitored.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:** Financial, human capital, in-kind, indirect expenses, and physical space.



**COLLABORATIVE PARTNERS:** Poverello House, Tzu Chi Clinic, Fresno Metro Ministry, Every Neighborhood Partnership, Cal Viva Health, Health Net, Hands ON, Clinica Sierra Vista, Valley Health Team, Fresno County Department of Public Health, Fresno County Department of Behavioral Health, Cultiva La Salud, Med-Assist, Centro La Familia, Fresno Unified School District, Firebaugh Unified School District, Fowler Unified School District, Central Unified School District, The Children's Movement, Valley Children's Healthcare, Community Medical Centers, Kaiser Permanente, Fresno HCAP, Mexican Consulate, United Health Centers of San Joaquin, The Hospital Council of Northern and Central California, California Health Sciences University, California Health Collaborative, and California State University Fresno,

DRAFT



## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 16-19

<b>HOSPITAL FACILITY:</b>	Saint Agnes Medical Center		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Diabetes		
<b>CHNA REFERENCE PAGE:</b>	41	<b>PRIORITIZATION #:</b>	2
<b>BRIEF DESCRIPTION OF NEED:</b> The occurrence rates of diabetes, obesity, and overweight populations in all four counties located in our primary service area are high. Medicare beneficiaries with diabetes in SAMC's service area are 4.8% higher on average as compared to the state of California. Obesity rates are 4.25% higher as compared to the state of California. It is estimated that there are roughly 30 comorbid conditions associated with severe obesity and it is associated with an increased incidence of uterine, breast, ovarian, prostate and colon cancer, skin infections, urinary tract infections, migraine headaches, depression and pseudo tumor cerebri.			
<b>GOAL:</b> Increase the proportion of diabetic and pre-diabetic patients and community members who are engaged in evidence-bases chronic disease self-management program offerings.			
<b>OBJECTIVE:</b> Engage 600 patients and community members in evidence-based self-management workshops and grow local area capacity for program expansion through partnerships with local community benefit organizations.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b> <ol style="list-style-type: none"> <li>1. We will remain engaged in community coalitions and forums such as the Fresno County Health Improvement Partnership, Fresno Diabetes Collaborative, and health literacy workgroup.</li> <li>2. Collaborate with community partner organizations for existing obesity prevention programs and share/implement best practices.</li> <li>3. We will offer no less than 12 Chronic Disease Self-Management program (DCSMP) workshops annually in both English and Spanish languages to community members at no cost.</li> <li>4. We will actively research additional programs for potential implementation (National Diabetes Prevention Program (NDPP)).</li> <li>5. Cross-train community partner organizations as "Lay Leader" facilitators of the CDSMP program.</li> </ol>			



**ANTICIPATED IMPACT OF THESE ACTIONS:**

1. Decisions related to diabetes and obesity programs will be strategically relevant based on feedback received from coalition involvement.
2. Existing programs will expand and be more effective.
3. There will be an increase in the number of community members who are educated about chronic conditions that include diabetes and obesity.
4. Increase in the quality of life for pre-diabetic and diabetic community members.
5. Additional resources will be applied to new program implementation.
6. Population health will increase with education and proper navigation and use of our health care system.

**PLAN TO EVALUATE THE IMPACT:** We will account for the number of CDSMP class offerings on an ongoing basis. We will measure class participant attrition rates and the number of community members who participate. Follow up for self-reported impact information will occur on an ongoing basis.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:** Financial, human capital, in-kind, indirect expenses, and physical space.

**COLLABORATIVE PARTNERS:** Fresno County Department of Public Health, Clinica Sierra Vista, Health Net, Centro La Familia, California Health Sciences University, California Health Collaborative, Cultiva La Salud, Every Neighborhood Partnership, and Valley Children's Hospital



CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 16-19			
<b>HOSPITAL FACILITY:</b>	Saint Agnes Medical Center		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Obesity		
<b>CHNA REFERENCE PAGE:</b>	46, 47	<b>PRIORITIZATION #:</b>	3
<b>BRIEF DESCRIPTION OF NEED:</b> The occurrence rates of diabetes, obesity, and overweight populations in all four counties located in our primary service area are high. Medicare beneficiaries with diabetes in SAMC's service area are 4.8% higher on average as compared to the state of California. Obesity rates are 4.25% higher as compared to the state of California. It is estimated that there are roughly 30 comorbid conditions associated with severe obesity and it is associated with an increased incidence of uterine, breast, ovarian, prostate and colon cancer, skin infections, urinary tract infections, migraine headaches, depression and pseudo tumor cerebri.			
<b>GOAL:</b> Increase service area awareness and education levels associated with healthy food and lifestyle options.			
<b>OBJECTIVE:</b> Support the national "Fruits and Vegetables" (FNV) campaign in alignment with Trinity Health's "Transforming Communities Initiative" and engage no less than 650 community members through health education offerings.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b> <ol style="list-style-type: none"> <li>1. Provide market insight to the Partnership for a Healthier America to increase market effectiveness of the national "FNV" campaign.</li> <li>2. Partner with the Partnership for a Healthier America on two market area events.</li> <li>3. Offer the Holy Cross center for Women's "junior volunteer program" every summer vacation to keep children and families engaged in health education activities.</li> <li>4. We will offer no less than 12 chronic disease self-management program (CDSMP) workshops annually in both English and Spanish languages to community members at no cost.</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b> <ol style="list-style-type: none"> <li>1. "FNV" campaign efforts will educate over 50,000 service area population members.</li> <li>2. A minimum of 650 community members will better understand healthy lifestyle options and ultimately make healthier decisions.</li> </ol>			



**PLAN TO EVALUATE THE IMPACT:** SAMC will account for the number of community members who participate in health related class offerings. These include, but are not limited to, the Holy Cross Center for Women "junior volunteer program" and the chronic disease self-management program "A Healthier You."

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:** Financial, human capital, in-kind, indirect expenses, and physical space.

**COLLABORATIVE PARTNERS:** The Holy Cross Center for Women, Poverello House, Clinica Sierra Vista, Central California Asthma Collaborative, Fresno County Department of Public Health, Health Net, Centro La Familia, California Health Sciences University, California Health Collaborative, Cultiva La Salud, Every Neighborhood Partnership, and Valley Children's Hospital



CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 16-19			
<b>HOSPITAL FACILITY:</b>	Saint Agnes Medical Center		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Oral Health (Dental Care)		
<b>CHNA REFERENCE PAGE:</b>	47	<b>PRIORITIZATION #:</b>	4
<b>BRIEF DESCRIPTION OF NEED:</b> SAMC's service area ranks below the state of California averages in several areas related to oral health. The percent of adults with poor dental health is 13.1% as compared to 11.3% for the state of CA; The percent of adults with no dental exam is 35.27% as compared to 30.5% for the state of CA; and the percent of children aged 2-11 who saw a dentist 6-12 months ago is 16.6% as compared to 3.9% for the state of CA.			
<b>GOAL:</b> Increase access to oral health care services for the underinsured, uninsured and at-risk community members within SAMC's service area.			
<b>OBJECTIVE:</b> Provide preventative dental and oral health services at no cost to a minimum of 350 community members annually.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b> <ol style="list-style-type: none"> <li>1. Promote Holy Cross Clinic services through partner organizations with access to the target population.</li> <li>2. Fully staff the Holy Cross Clinic with dental care providers during hours of operation.</li> <li>3. Educate community members about oral health while in the Holy Cross Clinic.</li> <li>4. Offer preventative oral health services to all in need regardless of ability to pay.</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b> <ol style="list-style-type: none"> <li>1. Uninsured, underinsured and at-risk community members will receive preventative oral health services.</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b> SAMC will account for the number of dental encounters at the Holy Cross Clinic.			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b> Financial, human capital, in-kind, and indirect expenses.			
<b>COLLABORATIVE PARTNERS:</b> The Holy Cross Clinic and Poverello House			



## **Appendix B**

### *Saint Agnes Medical Center Board of Trustees*

**A. Thomas Ferdinandi, Jr.**, Executive Vice President and Chief Operations Officer, Milano Restaurants International Corp.

**Nancy Hollingsworth**, RN, President and CEO, Saint Agnes Medical Center

**Terry O'Rourke**, Trinity Health

**William Hadcock**, MD, Vascular surgeon, private practice

**Sister Sherry Dolan**, Art of Healing Ministry

**Deborah Ikeda**, Willow International Community College Center

**Neil Koenig**, Management consultant and meeting facilitator

**Sister Kathleen Moroney**, CSC, Immigration Legal Services, Holy Cross Ministries

**Dianne Nury**, President & CEO, Vie-Del Company

**Allen Evans**, MD, Cardiologist, private practice

**Rick Wolf**, Secretary/General Counsel, Saint Agnes Medical Center

**Mike Tolladay**, President, Tolladay Construction

**Carolyn Drake**, PhD., Dean of Instruction, Health Sciences Division Office, Fresno City College

**O. James Woodward III**, Attorney, Baker Manock and Jensen

**Julie Maldonado**, Marketing, Baker Peterson Franklin

**Scott Nordlund**, EVP Growth, Strategy & Innovation, Trinity Health

## **Appendix C**

### *Saint Agnes Medical Center Foundation Board*

**Ronald Wathen**, Engineering

**Kathleen Orlando-Maxwell**, Medical

**Jeremy Oswald**, Medical

**Anne Franson**, Agriculture

**Mark Astone**, Marketing

**Sr. Mary Clennon**, C.S.C., Holy Cross Center for Women

**Anthony Cubre**, Agriculture

**Mark Delton**, Finance

**Paula De Young**, Real Estate

**Brian King**, Finance

**Janelle Dunn**, Accounting

**A. Thomas (Tom) Ferdinandi, Jr.**, Restaurateur

**Cil Gamber**, Real Estate

**Dror, Geron**, Auto

**Augusta Giffen**, Legal and Agriculture

**Michael Habibe M.D.**, Medical

**Rita Gladding**, Community Volunteer

**Sue Miller**, Community Volunteer

**Marvin Smith**, Real Estate



**Michael Thomason, Real Estate**

**Rodney Webster, Banking**

**Terri West, Agriculture**

**Bev Shuemaker, Real Estate**

## **Appendix D**

### *Saint Agnes Medical Center Mission and Community Benefit Committee*

**Neil Koenig, Chair**

**Nancy Hollingsworth, CEO**

**Sr. Kathleen Moroney, CSC**

**Tom Ferdinandi**

**Sr. Mary Clennon, CSC**

**Sr. Sherry Dolan, RSM**

**Bob Schoettler**

**Luis Santana**

**Stacy Vaillancourt, CAO**

**Steve Kalomiris, Controller**

**Frank Beazley, V.P., Mission Integration**

**Johathan Felton, COO**

**Sr. Francis Christine Alvarez, CSC**

**Sr. Emily Demuth, CSC**

**Eric Linville, Director of Community Benefit**



EFFECTIVE DATE: July 1, 2016

## **Financial Assistance to Patients West Region**

### **PURPOSE:**

Trinity Health is a community of persons serving together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Aligned with our Core Values, in particular that of Commitment To Those Who Are Poor, we provide care for persons who are in need and give special consideration to those who are most Vulnerable, including those who are unable to pay and those whose limited means make it extremely difficult to meet the health care expenses incurred. Trinity Health is committed to:

- Providing access to quality health care services with compassion, dignity and respect for those we serve, particularly the poor and the underserved in our communities;
- Caring for all persons, regardless of their ability to pay for services; and
- Assisting patients who cannot pay for part or all of the care that they receive.

This Policy balances financial assistance with broader fiscal responsibilities and provides Regional Health Ministries (RHMs) with the Trinity Health requirements for financial assistance for physician, acute care and post-acute care health care services.

### **PROCEDURE:**

This Financial Assistance to Patients (FAP) Procedure is designed to address the patients' need for financial assistance and support as they seek services through Trinity Health and its ministries. It applies to all eligible services as provided under applicable state or federal law. RHMs operating in states that have established additional state-specific financial assistance requirements will incorporate such additional requirements in their local Procedures. Eligibility for financial assistance and support from the RHM will be determined on an individual basis using specific criteria and evaluated on an assessment of the patient's and/or Family's health care needs, financial resources and obligations.

#### **I. Qualifying Criteria for Financial Assistance**

- a. Services eligible for Financial Support:



- i. All services needed for the prevention, evaluation, diagnosis or treatment of a medical condition and not mainly for the convenience of the patient or medical care provider.
  - ii. Emergency medical care services will be provided to all patients who present to the RHM's emergency department, regardless of the patient's ability to pay. Such medical care will continue until the patient's condition has been stabilized prior to any determination of payment arrangements.
- b. Services not eligible for Financial Support:
  - i. Cosmetic services, other elective Procedures and services that are not medically necessary.
  - ii. Services not provided and billed by the RHM (e.g. independent physician services including emergency physicians, private duty nursing, ambulance transport, infertility treatments, retail medical supplies, surrogacy services, pathology, laboratory, etc.).
  - iii. As provided in Section II. RHMs will proactively help patients apply for public and private programs. RHMs may deny Financial Support to those individuals who do not cooperate in applying for programs that may pay for their health care services.
  - iv. RHMs may exclude services that are covered by an insurance program at another provider location but are not covered at Trinity Health RHMs after efforts are made to educate the patients on insurance program coverage limitations and provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.
  - v. Medicaid and Medi-Cal Share of Costs are considered an important part of Government Programs. Financial Support cannot be applied to Share of Cost because these patients meet the higher end of the income threshold.
- c. Residency Requirements
  - i. RHMs will provide Financial Support to patients who reside within their Service Areas and qualify under the RHM's FAP.
  - ii. RHMs will provide Financial Support to patients from outside their Service Areas who qualify under the RHM FAP and who present with an Urgent, Emergent or life-threatening condition.
  - iii. RHMs will provide Financial Support to patients identified as needing service by physician foreign mission programs conducted by active medical staff for which prior approval has been obtained from the RHMs President or designee.



d. Applying for Financial Assistance

- i. RHMs will make FAP applications available in the patient registration lobby areas as well as emergency departments within the RHMs.
- ii. Applications can also be downloaded from the RHM's website or mailed by contacting the RHM's Customer Service department listed on the website .
- iii. Financial Counselors located at each RHM, as well as Customer Service Representatives via telephone, are available to assist with the completion of the application
- iv. Completed applications, along with supporting documentation to determine household size and Family Income, are to be returned to the RHM and/or mailed to the address on the application.
- v. Once completed application is received, processing and determination of Financial Support could take up to 30 days.

e. Documentation for Establishing Income

- i. Information provided to the RHM by the patient and/or Family should include earned income, including monthly gross wages, salary and self-employment income; unearned income including alimony, retirement benefits, dividends, interest and income from any other source (e.g., food stamps) for all dependents in the household; number of dependents in household; list of assets (e.g., vehicles, real estate, savings accounts) and other information requested on the FAP application.
- ii. Supporting documents such as payroll stubs, tax returns, P&L statements, bank statements, mortgage statements, and credit history may be requested to support information reported and shall be maintained with the completed application and assessment. Tax returns may be required to provide supporting documentation for the number of dependents in the household. RHMs may not deny Financial Support based on the omission of information or documentation that is not specifically required by the FAP or FAP application form.
- iii. RHMs will provide patients that submit an incomplete FAP application a written notice that describes the additional information and/or documentation that must be submitted within 30 days from the date of the written notice to complete the FAP application. The notice will provide contact information for questions regarding the missing information. RHMs may initiate Extraordinary Collection Activities (ECAs) if the patient does not submit the missing information and/or documentation within the 30 day resubmission period and it is at least 150 days from the date the RHM provided the first post-discharge billing statement for the care. RHMs must process the FAP application if the patient provides the missing information/or documentation



during the 240-day Application Period (or, if later, within the 30-day resubmission period).

f. Consideration of Patient Assets

- i. RHMs will also establish a threshold level of assets above which the patient's/Family's assets will be used for payment of medical expenses and liabilities to be considered in assessing the patient's financial resources.

Protection of certain types of assets and protection of certain levels of assets may be provided in the RHM's FAP.

Protected Assets:

- Equity in primary residence
- Business use vehicles
- Tools or equipment used for business; reasonable equipment required to remain in business.
- Personal use property (2 cars per household, clothing, household items, furniture),
- IRAs, 401K, cash value retirement plans,
- Financial awards received from non-medical catastrophic emergencies,
- Irrevocable trusts for burial purposes, prepaid funeral plans, and/or
- Federal/State administered college savings plans

All other assets will be considered available for payment of medical expenses. Available assets above a certain threshold can either be used to pay for medical expenses or alternatively, count the excess available assets as current year income in establishing the level of discount to be offered to the patient. A minimum amount of available assets should be protected. The minimum amount determined by the RHM:

- Saint Alphonsus Health System (SAHS) Facilities: \$5,000;
- Saint Agnes Medical Center (California) Facility: \$10,000, plus 50% of monetary assets after the first \$10,000.

g. Presumptive Support

- i. RHMs recognize that not all patients are able to provide complete financial information. Therefore, approval for Financial Support may be determined based on limited available information. When such approval is granted it is classified as "Presumptive Support".
- ii. The predictive model is one of the reasonable efforts that will be utilized by RHMs to identify patients who may qualify for financial assistance prior to initiating collection actions, i.e. write-off of a patient account to bad debt and



referral to collection agency. This predictive model enables Trinity Health RHMs to systematically identify financially needy patients.

iii. Examples of presumptive cases include:

- deceased patients with no known estate
- Homeless patients
- non-covered medically necessary services provided to patients qualifying for public assistance programs (e.g., non-emergent services for patients with emergent only coverage)
- patients currently receiving public assistance (e.g., food stamps)
- patient bankruptcies, and
- members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order.

For patients who are non-responsive to the FAP application process, other sources of information, if available, should be used to make an individual assessment of financial need. This information will enable the RHM to make an informed decision on the financial need of non-responsive patients.

- iv. For the purpose of helping financially needy patients, a third-party may be utilized to conduct a review of patient information to assess financial need prior to referral to collection or write-off to bad debt. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. These public records enable the RHM to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability are exhausted, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.
- v. In the event a patient does not qualify under the predictive model, the patient may still provide supporting information within established timelines and be considered under the traditional financial assistance application process.
- vi. Patient accounts granted presumptive support status will be adjusted using *Presumptive Financial Support* transaction codes at such time the account for that date of service(s) is deemed uncollectable and prior to referral to collection or write-off to bad debt. The discount granted will be classified as Financial Support; the patient's account will not be sent to collection and will not be included in the RHM's bad debt expense.
- vii. RHMs will notify patients determined to be eligible for less than the most generous assistance available under the FAP that he or she may apply for more generous assistance available under the FAP within 30 days of the notice. The determination of a patient being eligible for less than the most



generous assistance is based on presumptive support status or a prior FAP eligibility determination. Additionally, RHMs may initiate or resume ECAs if the patient does not apply for more generous assistance within 30 days of notification if it is at least 150 days from the date the RHM provided the first post-discharge billing statement for the care. RHMs will process any new FAP application that the patient submits by the end of the 240-day Application Period or, if later, by the end of the 30-day period given to apply for more generous assistance.

#### h. Timeline for Establishing Financial Eligibility

- i. Every effort should be made to determine a patient's eligibility for Financial Support prior to or at the time of admission or service. The Application Period begins the day that care is provided and ends the later of 240 days after the first post-discharge billing statement to the patient or either:
  - the end of the period of time that a patient is eligible for less than the most generous assistance available, based upon presumptive support status or a prior FAP eligibility determination, and who has applied for more generous financial assistance; or
  - the deadline provided in a written notice after which ECAs may be initiated.

The award of financial assistance based on submission of a completed application will be in effect for the accounts identified on the FAP application that are within the Application Period and 6 months forward from the date of the signed FAP application. The award of financial assistance based on presumptive support status is limited to the accounts identified on the FAP application that are within the Application Period and only for the date(s) of service for the account(s) reviewed if no application is received. The hospital may require pre-approval for planned surgeries and/or re-verify qualifications at any time. FAP applications must be accepted any time during the Application Period. RHMs may accept and process an individual's FAP application submitted outside of the Application Period on a case-by-case basis as authorized by the RHM's established approval levels.

- ii. RHMs (or other authorized party) will refund any amount the patient has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-Eligible Patient, unless such excess amount is less than \$5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin). The refund of payments is only required for the episodes of care to which the FAP application applies.
- iii. Determination for Financial Support will be made after all efforts to qualify the patient for governmental financial assistance or other programs have been exhausted. Compliance with the process to attempt to gain assistance with a government program is required to be considered eligible for financial



assistance eligibility. A patient cannot be denied eligibility if they are making a reasonable effort to obtain private or public health insurance.

- iv. RHMs will make every effort to make a Financial Support determination in a timely fashion. If other avenues of Financial Support are being pursued, the RHM will communicate with the patient regarding the process and expected timeline for determination and shall not attempt collection efforts while such determination is being made.
  - v. Once qualification for Financial Support has been determined, subsequent reviews for continued eligibility for subsequent services should be made after a reasonable time period as determined by the RHM.
- i. Level of Financial Support
    - i. Each RHM will follow the income Guidelines established below in evaluating a patient's eligibility for Financial Support. A percentage of the Federal Poverty Guidelines (FPL), which are updated on an annual basis, is used for determining a patient's eligibility for Financial Support. (See Exhibit A.) However, other factors should also be considered such as the patient's financial status and/or ability to pay as determined through the assessment process.
    - ii. Family Income at or below 200% of Federal Poverty Level Guidelines:
      - A 100% discount for all total charges will be provided for Uninsured Patients whose Family Income is at or below 200% of the most recent Federal Poverty Level Guidelines.
      - Patients with balances after insurance with Family Income up to and including 200% of the Federal Poverty Level Guidelines will be eligible for Financial Support for co-pay, deductible, and co-insurance amounts provided that there is no conflict with contractual arrangements with the patient's insurer.
    - iii. Family Income between 201% and 400% of Federal Poverty Level Guidelines:
      - A discount off of total charges equal to the RHM's average acute care contractual adjustment for Medicare will be provided for patients whose Family Income is between 201% and 400% of Federal Poverty Level Guidelines. (See Exhibit A.)
      - For California patients, emergency physicians provide discounts to Uninsured Patients or patients with high medical costs whose income does not exceed 350% of the FPL.



- The RHM's average contractual adjustment amounts for Medicare will be calculated utilizing the look back methodology of calculating the sum of paid claims divided by the total or "gross" charges for those claims by the System Office or RHM annually using twelve months of paid claims with a 30 day lag from report date to the most recent discharge date. (See Exhibit B.)
- iv. Medically Indigent Support / Catastrophic: Financial Support is also provided for medically indigent patients. Medical indigence occurs when a person is unable to pay some or all of their medical bills because their medical expenses exceed a certain percentage of their Family or household Income (for example, due to catastrophic costs or conditions), regardless of whether they have income or assets that otherwise exceed the financial eligibility requirements for free or Discounted Care under the RHM's FAP. Catastrophic costs or conditions occur when there is a loss of employment, death of primary wage earner, excessive medical expenses or other unfortunate events. Medical indigence / catastrophic circumstances will be evaluated on a case-by-case basis that includes a review of the patient's income, expenses and assets. If an insured patient claims catastrophic circumstances and applies for financial assistance, medical expenses for an episode of care that exceed 20% of income will qualify the insured patient's co-pays, deductibles, and co-insurance payments to qualify as catastrophic charity care. Discounts for medically indigent care for the uninsured will not be less than the RHM's average contractual adjustment amount for Medicare for the services provided or an amount to bring the patient's catastrophic medical expense to income ratio back to 20%. (See Exhibit C.)
- v. While Financial Support should be made in accordance with the RHM's established written criteria, it is recognized that occasionally there will be a need for granting additional Financial Support to patients based upon individual considerations. Such individual considerations will be approved by the RHM CFO and reported to System Office Chief Financial Officer.
- j. Accounting and Reporting for Financial Support
- i. In accordance with the Generally Accepted Accounting Principles, Financial Support provided by Trinity Health is recorded systematically and accurately in the financial statements as a deduction from revenue in the category "Charity Care". For the purposes of Community Benefit reporting, charity care is reported at estimated cost associated with the provision of "Charity Care" services in accordance with the Catholic Health Association.
  - ii. The following Guidelines are provided for the financial statement recording of Financial Support:
    - Financial Support provided to patients under the provisions of "Financial Assistance Program", including the adjustment for amounts



generally accepted as payment for patients with insurance, will be recorded under “Charity Care Allowance.”

- Write-off of charges for patients who have not qualified for Financial Support under this Procedure and who do not pay for the services received will be recorded as “Bad Debt.”
- Accounts initially written-off to bad debt and subsequently returned from collection agencies where the patient was determined to have met the Financial Support criteria based on information obtained by the collection agency will be reclassified from “Bad Debt” to “Charity Care Allowance”.

## **II. Assisting Patients Who May Qualify for Coverage**

- a. RHMs will make affirmative efforts to help patients apply for public and private programs for which they may qualify and that may assist them in obtaining and paying for health care services. Premium assistance may also be granted on a discretionary basis according to Trinity Health’s “Payment of QHP Premiums and Patient Payables” procedure. California patients will be referred to local consumer assistance centers housed at legal offices.
- b. RHMs will have understandable, written Procedures to help patients determine if they qualify for public assistance programs or the RHM's FAP.

## **III. Effective Communications**

- a. RHMs will provide Financial Counseling to patients about their health care bills related to the services they received at the RHM and will make the availability of such counseling known.
- b. RHMs will respond promptly and courteously to patients’ questions about their bills and requests for financial assistance.
- c. RHMs will utilize a billing process that is clear, concise, correct and patient friendly.
- d. RHMs will make available information about charges for services they provide in an understandable format.
- e. RHMs will post signs and display brochures that provide basic information about their FAP in public locations (i.e., patient lobby registration areas as well as emergency room waiting areas).
- f. RHMs will make available a paper copy of the plain language summary of the FAP to patients as part of the intake or discharge process. An RHM will not have failed to widely publicize its FAP because an individual declines a plain language



summary that was offered on intake or before discharge or indicates that he or she would prefer to receive a plain language summary electronically.

- g. RHMs will make the FAP, a plain language summary of the FAP and the FAP application form available to patients upon request, in public places (at a minimum, the emergency room (if any) and admission areas) in the RHM, by mail and on the RHM website. Any individual with access to the Internet must be able to view, download and print a hard copy of these documents. The RHM must provide any individual who asks how to access a copy of the FAP, FAP application form, or plain language summary of the FAP online with the direct website address, or URL, where these documents are posted.
- h. RHMs will list the names of individual doctors, practice groups or any other entities that are providing emergency or medically necessary care in the RHM's facility by the name used either to contract with the hospital or to bill patients for care provided. Alternately, a hospital facility may specify providers by reference to a department or a type of service if the reference makes clear which services and providers are covered under the RHM's FAP.
- i. These documents will be made available in English and in the primary language of any population with limited proficiency in English that constitutes more than 5 percent of the residents of the community served by the RHM.
- j. RHMs will take measures to notify members of the community served by the RHM about the FAP. Such measures may include, for example, the distribution of information sheets summarizing the FAP to local public agencies and nonprofit organizations that address the health needs of the community's low income populations.
- k. RHMs will include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under the RHM's FAP and includes the telephone number of the RHM's department that can provide information about the FAP, the FAP application process and the direct Web site address (or URL) where copies of the FAP, FAP application form, and plain language summary of the FAP may be obtained.
- l. RHMs will refrain from initiating ECA(s) until 150 days after providing patients the first post-discharge billing statement for the episode of care, including the most recent episodes of care for outstanding bills that are aggregated for billing to the patient. RHMs will also ensure all vendor contracts for business associates performing collection activity will contain a clause or clauses prohibiting ECA(s) until 150 days after providing patients the first post-discharge billing statement for the episode of care, including the most recent episodes of care for outstanding bills that are aggregated for billing to the patient.
- m. RHMs will provide patients with a written notice that indicates financial assistance is available for Eligible Patients, identifies the ECA(s) that the RHM (or other authorized party) intends to initiate to obtain payment for the care, and states a



deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided. RHM's will include a plain language summary of the FAP with the written notice and make a reasonable effort to orally notify the patient about the RHM's FAP and about how the patient may obtain assistance with the FAP application process.

- n. In the case of deferring or denying, or requiring a payment for providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the RHM's FAP, the RHM may notify the individual about its FAP less than 30 days before initiating the ECA. However, to avail itself of this exception, a RHM must satisfy several conditions. The RHM must:
  - i. Provide the patient with an FAP application form (to ensure the patient may apply immediately, if necessary) and notify the patient in writing about the availability of financial assistance for eligible individuals and the deadline, if any, after which the hospital facility will no longer accept and process an FAP application submitted by the patient for the previously provided care at issue. This deadline must be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided. Thus, although the ECA involving deferral or denial of care may occur immediately after the requisite written (and oral) notice is provided, the patient must be afforded at least 30 days after the notice to submit an FAP application for the previously provided care.
  - ii. Notify the patient about the FAP by providing a plain-language summary of the FAP and by orally notifying the patient about the hospital facility's FAP and about how the patient may obtain assistance with the FAP application process.
  - iii. Process the application on an expedited basis, to ensure that medically necessary care is not unnecessarily delayed if an application is submitted.

The modified reasonable efforts discussed above are not needed in the following cases:

- i. If 150 days have passed since the first post-discharge bill for the previously provided care and the RHM has already notified the patient about intended ECAs.
  - ii. If a RHM had already determined whether the patient was FAP-eligible for the previously provided care at issue based on a complete FAP application or had presumptively determined the patient was FAP-eligible for the previously provided care.
- o. A payment plan will be deemed inoperative after the patient has failed to make a payment for 90 days. The RHM or business associate must attempt to contact the



patient in writing and via phone to re-negotiate the payment plan before initiating ECA(s).

- p. RHMs will provide written notification that nothing is owed if a patient is determined to be eligible for Free Care.
- q. RHMs will provide patients that are determined to be eligible for assistance other than Free Care, with a billing statement that indicates the amount the patient owes for care as a FAP-Eligible Patient. The statement will also describe how that amount was determined or how the patient can get information regarding how the amount was determined.

#### **IV. Fair Billing and Collection Practices**

- a. RHMs will implement billing and collection practices for the patient payment obligations that are fair, consistent and compliant with state and federal regulations. Patients will be able to request a review of information used to determine Financial Support.
- b. RHMs will make available to all patients who qualify a short term interest free payment plan with defined payment time frames based on the outstanding account balance. RHMs will also offer a loan program for patients who qualify.
- c. RHMs will have written Procedures outlining when and under whose authority a patient debt is advanced for external collection activities that are consistent with this Procedure. (See Exhibits D & E.)
- d. The following collection activities may be pursued by the Trinity Health RHM or by a collection agent on their behalf:
  - i. Communicate with patients (call, written correspondence, fax, text, email, etc.) and their representatives in compliance with the Fair Debt Collections Act, clearly identifying the RHM. The patient communications will also comply with HIPAA privacy regulations.
  - ii. Solicit payment of the estimated patient payment obligation portion at the time of service in compliance with EMTALA regulations and state laws.
  - iii. Provide low-interest loan program for payment of outstanding debts for patients who have the ability to pay but cannot meet the short-term payment requirements. In California if part of the account is charity with the balance on a loan, the loan must be interest free. For California patients meeting eligibility requirements, in those situations for which payment agreements cannot be reached during the negotiation process a payment plan will be established consisting of monthly payments that do not exceed 10% of the patient's familial monthly income excluding deductions for "essential living expenses". Essential living expenses are defined as rent or house payments (including maintenance expenses), food and household supplies, utilities and



telephone, clothing, child and spousal support, transportation and automobile expenses (including insurance, fuel and repairs), installment payments, laundry and cleaning expenses, and other extraordinary expenses.

- iv. Report outstanding debts to Credit Bureaus only after all aspects of this Procedure have been applied and after reasonable collection efforts have been made in conformance with the RHM FAP.
  - v. Pursue legal action for individuals who have the means to pay, but do not pay, or who are unwilling to pay. Legal action also may be pursued for the portion of the unpaid amount after application of the RHM's FAP. An approval by the Trinity Health or RHM CEO/CFO, or the functional leader for Patient Financial Services for those RHMs utilizing the Trinity Health shared service center, must be obtained prior to commencing a legal proceeding or proceeding with a legal action to collect a judgment (i.e. garnishment of wages, debtor's exam).
  - vi. Place liens on property of individuals who have the means to pay, but do not, or who are unwilling to pay. Liens may be placed for the portion of the unpaid amount after application of the RHM FAP. Placement of lien requires approval by the Trinity Health or RHM CEO/CFO, or the functional leader for Patient Financial Services for those RHMs utilizing the Trinity Health shared service center. Liens on primary residence can only be exercised upon the sale of property and will protect certain asset value in the property as documented in each RHM's Procedure. The Western Region will protect the first \$100,000.
- e. RHMs (or a collection agent on their behalf) shall not pursue action against the debtor's person, such as arrest warrants or "body attachments." Trinity Health recognizes that a court of law may impose an arrest warrant or other similar action against a defendant for failure to comply with a court's order or for other violations of law related to a collection effort. While in extreme cases of willful avoidance and failure to pay a justly due amount when adequate resources are available to do so, a court order may be issued; in general, the RHM will first use its efforts to convince the public authorities not to take such an action, and, if not successful, consider the appropriateness of ceasing the collection effort to avoid an action against the person of the debtor.
- f. RHMs (or a collection agent on their behalf) will take all reasonably available measures to reverse ECAs related to amounts no longer owed by FAP-Eligible Patients.
- g. RHMs may have a System Office approved arrangement with a collection agency, provided that such agreement meets the following criteria:
- i. The agreement with a collection agency must be in writing;



- ii. Neither the RHM nor the collection agency may at any time pursue action against the debtor's person, such as arrest warrants or "body attachments;"
- iii. The agreement must define the Standards and scope of practices to be used by outside collection agents acting on behalf of the RHM, all of which must be in compliance with this Procedure;
- iv. No legal action may be undertaken by the collection agency without the prior written permission of the RHM;
- v. Trinity Health Legal Services must approve all terms and conditions of the engagement of attorneys to represent the RHM in collection of patient accounts;
- vi. All decisions as to the manner in which the claim is to be handled by the attorney, whether suit is to be brought, whether the claim is to be compromised or settled, whether the claim is to be returned to the RHM, and any other matters related to resolution of the claim by the attorney shall be made by the RHM in consultation with Trinity Health Legal Services;
- vii. Any request for legal action to collect a judgment (i.e., lien, garnishment, debtor's exam) must be approved in writing and in advance with respect to each account by the appropriate authorized RHM representative as detailed in section V.
- viii. The RHM must reserve the right to discontinue collection actions at any time with respect to any specific account; and
- ix. The collection agency must agree to indemnify the RHM for any violation of the terms of its written agreement with the RHM.

## **V. Implementation of Accurate and Consistent Policies**

- a. Representatives of the RHM's Patient Financial Services and Patient Access departments will educate staff members who work closely with patients (including those working in patient registration and admitting, financial assistance, customer service, billing and collections, physician offices) about billing, financial assistance, collection policies and practices, and treatment of all patients with dignity and respect regardless of their insurance status or their ability to pay for services.
- b. RHMs will honor Financial Support commitments that were approved under previous financial assistance Guidelines. At the end of that eligibility period the patient may be re-evaluated for Financial Support using the Guidelines established in this Procedure.

## **VI. Other Discounts**



- a. **Self-Pay Discounts:** RHM's will apply a standard uninsured discount off of charges for all registered self-pay patients that do not qualify for financial assistance (e.g., > 400% of FPL) based on the highest commercial rate paid. (See Exhibit A.)
- b. **Additional Discounts:** Adjustments in excess of the percentage discounts described in this Procedure may be made on a case-by-case basis upon an evaluation of the age and collectability of the account and authorized by the RHM's established approval levels. (See Exhibit E.)

## SCOPE/APPLICABILITY

This Procedure applies to all Trinity Health RHM's that operate licensed tax-exempt hospitals. Trinity Health organizations that do not operate tax-exempt licensed hospitals may establish their own financial assistance Procedures for other health care services they provide and are encouraged to use the criteria established in this FAP Procedure as guidance.

Should any provision of this FAP conflict with the requirement of the law of the state in which the Trinity Health RHM operates, state law shall supersede the conflicting provision and the RHM shall act in conformance with applicable state law.

## DEFINITIONS:

**Application Period** begins the day that care is provided and ends the later of 240 days after the first post-discharge billing statement is provided to the patient or either –

- i. The end of the 30-day period that patients who qualified for less than the most generous assistance available based upon presumptive support status or prior FAP eligibility are provided to apply for more generous assistance.
- ii. The deadline provided in a written notice after which ECAs may be initiated.

**Amounts Generally Billed ("AGB")** means the Amounts Generally Billed for emergency or other medically necessary care to patients who have insurance covering such care. The RHM's acute and physician AGB will be calculated utilizing the look back methodology of calculating the sum of paid Medicare claims divided by the total or "gross" charges for those claims by the System Office or RHM annually using twelve months of paid claims with a 30-day lag from report date to the most recent discharge date.

**Discounted Care** means a partial discount off the amount owed for patients that qualify under the FAP.

**Eligible Patient** is an individual who meets the eligibility criteria described in this Policy, whether he or she is (1) uninsured; (2) receives coverage through a public program (e.g., Medicare, Medicaid, or subsidized health care coverage purchased through a health information exchange), or (3) an insured patient with co-pay, deductible, and co-insurance amounts.



**Emergent** medical services are those needed for a condition that may be life threatening or the result of a serious injury and requiring immediate medical attention. This medical condition is generally governed by Emergency Medical Treatment and Active Labor Act (EMTALA).

**Executive Leadership Team ("ELT")** means the group that is composed of the highest level of management at Trinity Health.

**Extraordinary Collection Actions ("ECA")** include the following actions taken by a RHM (or a collection agent on their behalf):

- Deferring or denying, or requiring a payment before providing, medically necessary care because of a patient's nonpayment of one or more bills for previously provided care covered under the hospital facility's FAP. If a RHM requires payment before providing care to an individual with one or more outstanding bills, such a payment requirement will be presumed to be because of the individual's nonpayment of the outstanding bill(s) unless the RHM can demonstrate that it required the payment from the individual based on factors other than, and without regard to, his or her nonpayment of past bills.
- Reporting outstanding debts to Credit Bureaus.
- Pursuing legal action to collect a judgment (i.e. garnishment of wages, debtor's exam).
- Placing liens on property of individuals.

**Family** (as defined by the U.S. Census Bureau) is a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility under the RHM's FAP.

**Family Income** - A person's Family Income includes the income of all adult Family members (related by birth, marriage, or adoption) in the household. For patients under 18 years of age, Family Income includes that of the parents and/or step-parents, or caretaker relatives' annual income from the prior 12-month period or the prior tax year as shown by recent pay stubs or income tax returns and other information. Proof of earnings may be determined by annualizing the year-to-date Family Income, taking into consideration the current earnings rate or using previous year's tax returns.

**Federal Poverty Guidelines (FPG)** establishes the levels of annual income for poverty as determined by the United States Department of Health and Human Services and are updated annually in the Federal Register.

**Financial Assistance Policy ("FAP")** means a written Policy and Procedure that meets the requirements described in §1.501(r)-4(b).

**Financial Assistance Policy ("FAP") Application** means the information and accompanying documentation that a patient submits to apply for financial assistance under



a RHM's FAP. RHMs may obtain information from an individual in writing or orally (or a combination of both).

**Financial Counseling** is the process used to assist patients to explore the various financing and health coverage options available to pay for services rendered by a Trinity Health RHM. Patients who may seek financial counseling include, but are not limited to, uninsured, Underinsured, and those who have expressed an inability to pay the full patient liability.

**Financial Support** means support (charity, discounts, etc.) provided to patients for whom it would be a hardship to pay for the full cost of medically necessary services provided by Trinity Health who meet the eligibility criteria for such assistance and who have exhausted public and private payer sources.

**Free Care** means a full discount off the amount owed for patients that qualify under the FAP.

**Homeless** describes the status of a person who resides in one of the places or is in a situation described below:

- in places not meant for human habitation, such as cars, parks, sidewalks; or
- in an emergency shelter; or
- in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters; or
- in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.

**Income** includes wages, salaries, salary and self-employment income, unemployment compensation, worker's compensation, payments from Social Security, public assistance, veteran's benefits, alimony, survivor's benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.

**Medical Necessity** is defined as documented in each RHM's state's Medicaid Provider Manual.

**Policy** means a statement of high-level direction on matters of strategic importance to Trinity Health or a statement that further interprets Trinity Health's governing documents. System Policies may be either stand alone or Mirror Policies designated by the approving body.

**Plain language summary of the FAP** means a written statement that notifies a patient that the hospital facility offers financial assistance under a FAP and provides the following additional information in language that is clear, concise, and easy to understand:

- A brief description of the eligibility requirements and assistance offered under the FAP.
- A brief summary of how to apply for assistance under the FAP.



- The direct Web site address (or URL) and physical locations where the patient can obtain copies of the FAP and FAP application form.
- Instructions on how the patient can obtain a free copy of the FAP and FAP application form by mail.
- The contact information, including telephone number and physical location, of the hospital facility office or department that can provide information about the FAP and provide assistance with the FAP application process.
- A statement of the availability of translations of the FAP, FAP application form, and plain language summary of the FAP in other languages, if applicable.
- A statement that a FAP-Eligible Patient may not be charged more than AGB for emergency or other medically necessary care.

**Procedure** means a document designed to implement a Policy or a description of specific required actions or processes.

**Regional Health Ministry ("RHM")** means a first tier (direct) Subsidiary, affiliate or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. RHMs may be based on a geographic market or dedication to a service line or business.

**Service Area** is the list of zip codes comprising a RHMs service market area constituting a "community of need" for primary health care services.

**Standards or Guidelines** mean additional instructions and guidance which assist in implementing Procedures, including those developed by accreditation or professional organizations.

**Subsidiary** means a legal entity in which a Trinity Health RHM is the sole corporate member or sole shareholder.

**Underinsured** is an individual who, despite having health care coverage, finds that the obligation to pay insurance premiums, copayments, coinsurance, and deductibles is such a significant financial burden that he or she delays or does not receive necessary health care service due to the out-of-pocket costs.

**Uninsured Patient** means an individual who is uninsured, having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third party assistance to cover all or part of the cost of care, including claims against third parties covered by insurance to which Trinity Health is subrogated, but only if payment is actually made by such insurance company.

**Urgent** (service level) are medical services needed for a condition that is not life threatening, but requiring timely medical services.



**Vulnerable** include those whose health and well-being are considered to be more at-risk than the general population due to socioeconomic status, illness, ethnicity, age, or other disabling factors.

## **REFERENCES:**

- Patient Protection and Affordable Care Act: Statutory section 501(r), Public Law
- Internal Revenue Service, Instructions for Schedule H (Form 990)
- Department of Treasury, Internal Revenue Service, Additional Requirements for Charitable Hospitals; Final Rule: Volume 79, No. 250, Part II, 26 CFR, Part 1
- State of California AB774 (Chapter 755, Statutes of 2006; also called the Hospital Fair Pricing Policies Law)
- Federal Register and the Annual Federal Poverty Guidelines
- IRS Code, 26 CFR Parts 1 and 53 and 1545-BL58 Additional Requirements for Charitable Hospitals
- Catholic Health Association of the United States – A Guide for Planning & Reporting Community Benefit

## **APPROVALS**

Initial Approval: April 1, 2014

Revised: 8/6/2014  
Revised 8/14/2014  
Revised 3/13/2015  
Revised 7/1/2016



**Appendix F**

**SAINT AGNES MEDICAL CENTER  
REPORT OF COMMUNITY BENEFIT MINISTRY  
FOR THE YEAR ENDED JUNE 30, 2016**

	<b><u>Persons Served</u></b>	<b><u>Amount</u></b>
<b>Ministry for the poor and underserved</b>		
Charity care at cost	5,664	\$2,638,992
Unpaid costs of Medi-Cal program	76,059	4,716,259
Community health services	51,246	967,108
Financial contributions	-	526,762
Ministry for the poor and the underserved	132,969	8,849,121
<b>Ministry for the broader community</b>		
Community health services	1,857	120,349
Health professions education	997	944,313
Community benefit reporting / management	-	216,815
Financial contributions	-	233,937
Ministry for the broader community	2,854	1,515,414
<b>Total Community Benefit Ministry</b>	<b><u>135,823</u></b>	<b><u>\$10,364,535</u></b>
<b>Percentage of Operating Revenue</b>		<b><u>2.1%</u></b>



**SAINT AGNES MEDICAL CENTER  
COMMUNITY BENEFIT MINISTRY ACTIVITY  
FOR THE YEAR ENDED JUNE 30, 2016**

	<u>Persons Served</u>	<u>Total Expense</u>	<u>Offsetting Revenue</u>	<u>Net Community Benefit</u>
<b>Ministry for the Poor and Underserved</b>				
Charity Care at Cost:				
Traditional Charity Care	5,664	\$2,638,992	-	\$2,638,992
Unpaid Costs of Medi-Cal Program:				
From Hospital Operations	76,059	117,479,000	80,395,900	37,083,100
HQAF Program		48,218,521	80,585,361	(32,366,841)
	76,059	165,697,521	160,981,261	4,716,259
Community Health Services:				
Holy Cross Center for Women	45,730	600,909	189,056	411,853
Holy Cross Medical Clinic at Poverello	3,644	373,470	13,137	360,333
Medi-Cal Eligibility Assistance	672	136,063		136,063
Transportation Voucher Program	1,174	50,207		50,207
Financial Assistance for Poor Patients	26	8,652		8,652
	51,246	1,169,301	202,193	967,108
Financial Contributions:				
Donation of Medical Supplies		486,762		486,762
California Dental Association Foundation		20,000		20,000
Tzu Chi Medical Foundation		20,000		20,000
	-	526,762	-	526,762
<b>Ministry for the Poor and the Underserved</b>	<b>132,969</b>	<b>170,032,575</b>	<b>161,183,454</b>	<b>8,849,121</b>



**Ministry for the Broader Community**

## Community Health Services:

Chronic Disease Self-Management Program	444	82,227	12,500	69,727
Health Care Enrollment Assistance	793	28,982	-	28,982
Sickle Cell Program	93	11,287		11,287
Support Group, Better Breathers Club	161	5,174		5,174
Support Group, Grief Support Group	161	2,347		2,347
Support Group, Brain Tumor	53	1,455		1,455
Support Group, Ostomy Support Group	152	1,377		1,377
	1,857	132,849	12,500	120,349

## Health Professional Education:

Nurses and Nursing Students	857	833,151		833,151
Other Health Professions	140	111,162		111,162
	997	944,313	-	944,313

## Community Benefits Operations:

Community Benefits Reporting / Management		191,753		191,753
Other Community Benefits Costs		21,813		21,813
Community Health Needs Assessment		3,249		3,249
	-	216,815	-	216,815

## Financial Contributions

Fresno Metropolitan Ministry		100,000		100,000
Partnership for a Healthier America		100,000		100,000
Clinical Pastoral Education of Central California		18,332		18,332
Fresno Regional Foundation		5,000		5,000
Gift in Kind - Clinical Pastoral Education		3,888		3,888
Gift in Kind - Fresno Women's Network		2,772		2,772
Gift in Kind - Blood Drive Program		845		845
Other		3,100		3,100
	-	233,937	-	233,937

**Ministry for the Broader Community****TOTAL**

2,854	1,527,914	12,500	1,515,414
135,823	\$171,560,489	\$161,195,954	\$10,364,535



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